New York Medical Times.

A MONTHLY JOURNAL

OF

MEDICINE, SURGERY AND THE COLLATERAL SCIENCES.

VOL. XI. NEW YORK, MARCH, 1884. No. 12.

ORIGINAL ARTICLES.

ON SHOCK AND COLLAPSE.*

BY J. M. CARNOCHAN, M.D., NEW YORK.

The treatment and management of the injured during the first few hours after severe lesions have been received, such as occur in railroad accidents or from wounds inflicted by projectiles on the battle field, often decide the fate of the sufferer, and turn the delicately balanced scale in his favor, by the restoration of the vital powers, or, adversely, by their speedy annihilation. The overwhelming effect of a violent shock, profoundly agitating and disarranging every organ and function of the body, places the system frequently below the starting-point of spontaneous reaction, and without judicious and timely assistance the diminished vitality soon becomes extinguished. The authors who have written treatises on surgery seem to have passed over, with brief notice, the analysis of the pathological phenomena which follow upon great perturbations of the system from extensive external injuries. Until within a comparatively recent period the treatment applied to them has not been based upon precise principles deduced from the physiological facts connected with the chain of morbid phenomena, which soon become developed after severe mutilations.

The term shock is used frequently as synonymous with collapse, probably from the fact that in some cases the effect follows the concussion so instantaneously that they appear to be identical. Shock may be regarded as the source of the nervous symptoms that take place after the occurrence of an accident, concussion being the first link of the chain of the consequent morbid phenomena; while the word collapse should properly be used to express the extreme prostration of strength and the agitation and perturbation of the nervous system which follow upon all severe injuries. If the word shock is at all applicable to general symptoms, it would be to accidents that are followed on the instant after the receipt of the injury by the suspension of vital phenomena or actual death, examples of which are found in the sudden deaths that sometimes follow a blow on the epigastrium, or the overwhelming effect of a fall from a great height, or in the mortal derangement occasioned by a shell or cannon-ball—injuries which admit of no appreciable sensibility after the fatal impression has been made. It is not possible here to trace the connection of one function giving way successively after another. Nothing is manifest but the immediate sequence of the cause, namely, the mortal effect. Here the impinging force or momentum and the effects shows themselves so instantaneously that the source of the symptoms and the symptoms themselves—that is to say, the fatal disturbance and its accompaniments—are apparently merged into one phase. Yet there must be an interval of time, although, perhaps, inappreciable and devoid of sentiency, between the initiatory concussion and the consecutive changes that follow, which changes terminate in reaction or in the immediate suspension of vitality.

HEALTH AND DISEASE.—The term health is used to denote the physiological condition of the body in which the functions are so well balanced that every action is in perfect harmony and regularity. In order that this state shall be maintained, the organs of circulation and respiration must be unimpaired, the nervous system act with sympathetic accuracy and exactness, and the character and composition of the blood, upon which the vital phenomena are dependent, must be normal. The deviations which occur in the performance of these functions constitute disease, and this may be brought about by whatever produces anæmia or hyperæmia in any of the parts or organs of the body, or whatever may pervert, increase, diminish, or alter the physiological impressionability of the nervous system to the influence of the blood. Other sources of disease originate in the vitiation of the blood itself, by the introduction of poisons directly into the circulation, either from inoculation or absorption of the virulent material, or from miasmatic and atmospheric agencies admitted into the blood through the medium of the pulmonic system.

These different agencies in the production of the changes which occur in the transition from the normal to a diseased condition seldom act alone, and, if so, but for a very brief period. One pathological phenomenon follows in quick succession upon the other, so that whether the first phase may have occurred from defective or excessive circulation of the blood in parts or in the whole of the body, or from injury or perverted susceptibility of the nervous system, or from direct admission of poisonous material into the blood, the general system is soon involved in universal commotion more or less violent, which ends in resolution or death. In the restoration to health the morbid symptoms gradually disappear, and the various functions resume their normal operations. But the progress toward death is not so easily followed, and should be studied and considered in order to meet emergencies and to counteract the tendency toward dissolution in the different stages of collapse.

Besides the action of the medulla spinalis as a great nerve centre, we find that it is composed of white and gray nervous matter, the fibres of the white matter, in conjunction with the gray substance of the cord, acting as co-ordinators and conductors of sensory impressions from the periphery toward the centre, while the gray matter forms a connected chain of ganglia which act as a congeries of nerve centres, receiving impressions and generating the so-called *vis nervosa*, and with the antero-lateral columns of the cord serving, to a greater or less extent, as a conductor of motor influence from the centre to the periphery.

The medulla spinalis, taken as a whole, with its antero-lateral and posterior columns, presents numerous commissural connections and decussations along its anterior portion, most plainly distinct at the medulla

* The author discusses this important subject in all its bearings in his work on Operative Surgery and Surgical Pathology now going through the press.

oblongata, and also along the posterior portion almost throughout the whole extent of the cord. The cord also contains the elements of the important function of "reflex action," and, in conjunction with the grand sympathetic, the vaso-motor influence upon the blood-vessels. Thus we have the medulla spinalis and medulla oblongata affording the basis of explanation of many of the phenomena following severe external injury. Impressions from the periphery are conveyed through the posterior roots to the cord, and conducted onward to the brain, while the stimulus generated by the encephalic nervous centres is conveyed centrifugally from the brain, and passes from the cord along the anterior roots of the spinal nerves toward the periphery—reflex action and the vaso-motor influence, referred to before, acting their part separately or in combination. The commissures and points of decussation in promoting the reciprocal action of different portions of the nervous system must not be overlooked. Following up the nervous connection, we have the cerebral ganglia at the base of the encephalon as well as the cineritious matter of the cerebellum exerting their influence upon the organs of special sense. The perturbations after severe lesion conveyed along the spinal cord, passing through the medulla oblongata, the pons varolii, the crura cerebri and cerebelli, the optic thalami, and the corpora striata, are radiated directly upon the gray matter of which the encephalic ganglia and convolutions are composed, and are thence transmitted and distributed over the whole or a part of the nervous system.

The several points of decussation of the fibres across the median line from one side to the other, and the large and small commissures, act also in promoting the dispersion of the morbid or baneful effects of shock.

The grand sympathetic system of nerves comes in also to play a part in the general disturbance or upsetting of the normal functions. The cerebro-spinal axis thus intimately connected in its various parts is equally in close communion with the organic set of nerves by the anastomosing net-work that exists between the branches of one class and those of the other, from the cephalic ganglia at the head to the ganglion impar near the coccyx, the last of the thirty-two or thirty-four ganglia of the sympathetic. These branches of communication between the sympathetic and the cerebro spinal nerves exert a marked and pervading physiological influence over all the organs of the body, and when disturbed become large participators in the development of the symptoms associated with collapse. From this cursory glance at some of the functions of the nervous system, it is very evident that we must learn through it the interpretation of most of the symptoms that take place as the immediate effects of severe injuries from external causes. Without running the theory too far, it may be said that nearly the whole range of disease appears to commence by a species of shock reverberating and undulating over the nervous system. What else can be said of the influence of malaria, or a poisonous atmosphere contaminating the blood and bathing the nervous system, in the production of intermittent or malarial fever? We have the initiatory cause leading to collapse, manifested by the cold stage, followed by the reaction. In yellow fever, in typhus, in poison by the bite of a venomous serpent, in the exanthemata, and in the sudden effusion of blood in cerebral apoplexy, we have a cold stage initiating the reaction which follows if the system be not overwhelmed by the primary shock.

The theory that the nerve cells of the gray or ganglionic matter generate nerve force, and that the white strands and cords conduct from the nervous centres to the periphery the force or influence thus generated, seems to be the most reasonable, and serves to explain more satisfactorily than any other hypothesis the various symptoms which follow upon severe shock to the general system. With the supposition that the gray matter of the ganglia and of the encephalic convolutions secretes the nervous fluid, it can be well understood that the cessation or interruption of this secretion would be followed by systemic disturbance.

The question is now definitely settled by positive experiment that the sensory nerves and posterior columns of the medulla spinalis convey impressions from the periphery to the nervous centres, and that the antero-lateral columns and the anterior roots of the spinal nerves transmit the motor stimulus from the centre toward the circumference, and also, that through the agency of the excito-motor mechanism impressions are transmitted to the nervous centres, and again from them reflected in a peripheric direction upon the different portions and organs of the body. Let us take, then, a patient with a limb shattered by a cannon-ball or shell, or a patient with the lower extremity crushed below the knee from the passage of the wheel of a railway carriage—in the latter case the bones broken and comminuted, the muscles, arteries, and nerves divided and crushed, and the lower portion of the member hanging by loose shreds of cellular tissue, fascia, and contused ecchymosed skin to the upper portion. In both of these instances the morbid impression from the local injury is transmitted along the nervous trunks to the medulla spinalis, thence along the medulla oblongata through the cerebellar and cerebral crura and cranial ganglia, to reach, by means of the radiating white nervous fibres, the gray matter of the cerebral and cerebellar convolutions. The morbid impression thus impinging upon the gray matter destroys, to a greater or less extent, the power of secreting the nervous fluid by its proper organ or tissue. The nervous strands and cords, on the other hand, whose function it is to transmit the nervous stimulus toward the general periphery, are no longer supplied by the proper active principle of the nerves, and thus the tissues and the organs one after another give indications of disturbance, or cease to perform their accustomed functions. In addition to this train of action, the chemical relation of the blood corpuscles becomes deranged, the electric balance of the blood disks is disturbed, and the blood itself becomes devitalized. While this general perturbation is progressing, other symptoms become manifested which admit of a more detailed and minute analysis. In connection with what has just been stated, another important fact must also be mentioned. The nerves of general sensibility and those of motion are entirely distinct at their origin at the cord, but beyond the intervertebral ganglia, and as soon as they have emerged from the vertebral canal, they become united in a common envelope, and thenceforth become mixed nerves. Some of the cranial nerves have a similar general disposition of sensitive and motor roots, such as the fifth pair, the seventh, the eighth, and soon after their origin become nerves of mixed character. The result of this arrangement is that each of the spinal nerves and some of the cranial, with their branches, partake at the same time of the characters appertaining to the nerves of motion and of sensation, and when directly excited cause pain and local contraction. Moreover, the branches of the rachidean and cranial nerves, after their emergence from their respected ganglia, receive branches of anastomotic communication from the ganglia of the grand sympathetic nerve along its entire extent. The mixed nerves are thus in direct communication with the nervous columns of the medulla spinalis, which receive and transmit impressions to and from the great nervous centres.

The psychological manifestations, such as fear and panic, produced by shock are brought about by a nervous mechanism similar to that which causes those impressions that take their origin from the common sensory and motor nerves of the medulla spinalis and encephalon. The sensations transmitted to the brain from the seat of injury serve as a stimulus to the emotional part of the brain, and from this ganglionic medium are reflected upon the excito-motor system of the cerebro-spinal axis, throwing the muscular apparatus of the body into tremor and involuntary convulsive action. It is probable that

the intellectual and affective portions of the brain, when under certain conditions of activity incited by external impressions, may also become the seat from which is radiated upon the excito-motor apparatus the stimulus that produces the manifestations of reflex action upon the general system.

ON HERNIA.

By Geo. H. Taylor, M.D., New York.

The sudden appearance of a small tumor in the wall of the abdomen, usually at the lowest part, showing a disposition to increase in size, naturally excites alarm as to its consequences in the person to whom the discovery is made. This alarm is not in the least quieted by the information he receives in response to his anxious inquiries. He learns that the wall of the abdomen, behind which are retained the digestive organs, has, at the point occupied by the tumor, suffered incomplete *rupture*, becoming thereby so weakened that the pressure of the interior or retained parts causes the more elastic portions of the wall to bulge outward. The tumor, therefore, consists of a sac which is the peritonæum stretched out. This is covered by the different layers of the abdominal wall, as skin fascia, connective tissue, muscles, ending with the peritoneal sac, all of which are distended outward. Within this sac is a loop of intestine, or omentum, or both. In being forced outward, the line of least resistance through the tissues is naturally followed, and a canal is formed, at the inner entrance of which are always found inelastic and unyielding tissues, which restrict the diameter of the canal, forming a narrower portion or neck. At this point the tissues, especially the vessels communicating and supporting the contents of the sac are liable to become compressed, and the onward course of the contents of the digestion tube interrupted, at the same time from the same cause. The mechanical restriction thus afforded is liable, from circumstances, to be greatly increased, with or without preliminary symptoms. The inflammation inaugurated thereby may produce complete occlusion, degeneration of tissue, and rapidly fatal consequences, if not early relieved.

It is this liability to untoward results that invests the whole subject of hernia with the most profound interest, and should lead to a better understanding of its causes, with a view, at least, to prophylaxis, if nothing farther. The easy mechanical remedy which is universally employed, appears, however, to prevent inquiry in this direction.

The popular idea of hernia, to which the medical world appears to yield tacit assent, at least opposes no active protest, is that of a purely mechanical incident. The infraction of the mechanical retaining wall of the abdomen is a part of the mechanical order; the descending viscera represents mechanical force; the cleavage of tissues permitting extension, is a mechanical consequence; the constriction possible at the neck, foreshadowing danger, is mechanical; and the apparent conclusions regarding remedies, follow in the same mechanical train to the mechanical consummation. In fact, none but mechanical factors appear in practice to enter into the conception of hernia, as this affection is habitually regarded.

Nothing could, therefore, be more natural than for the remedy to be adapted to the supposed nature of the requirement; hence hernia, whatever its form, degree, complication or incidental necessities arising from the affection, is treated by the *truss;* or perhaps some equivalent or modification of the mechanical opposition the truss is designed to afford.

The unanimity with which the truss is appealed to as the only safeguard in hernia, conveys the impression that the propriety, in fact, the necessity, of its use as the remedy is a question long settled and sanctioned by the best writers on the subject, as well as by the most ambitious, ingenious and boldest specialists in surgical practice. To question the conclusions which the medical world has long acquiesced in, if, indeed, there were ever any dispute on the subject, may appear to be little less than sacrilege. The only excuse the writer pleads for presuming to do so is the existence, in his estimation, of neglected facts—unrecognized but indisputable facts—related to the subject of hernia, of the utmost therapeutic importance. These call for exposition, for demonstration, and for practical application.

As the facts and principles hereinafter to be presented provide curative means for hernia, which supersede the mechanical usually adopted, rendering the truss entirely supererogatory and of no account, the reader's interest in the subject will be advanced by subjecting the instrument and its equivalents to some degree of scrutiny.

THE TRUSS.

The purpose of the truss is very simple. It is intended to oppose the protruding mass constituting the hernia by an exterior mechanical obstacle. Whatever the nature of the hernia, wherever it appears, and whatever complications may arise, mechanical opposition at the point of the appearance of the difficulty, and there only, is applied.

An incidental purpose of the truss is sometimes proposed. This consists in the formation in the hernial tissues of a permanent obstacle. The compression applied at the defective point is said sometimes to cause these tissues to become agglutinated. The production of this effect is frequently aided by surgical means. This method is, however, but a modification of essentially the same mechanical idea, and the same purpose, and involves no new principles; the merits of this variation of method will be considered in its proper place.

The truss is composed of a girdle encircling the lower portion of the body, whose object is solely to keep in place the only effective part of the instrument, which is the pad. The pad is designed to cover the protrusion, to press upon it and keep it back, at least so far as the pressure extends; and to supply the resistance to descent that, in health, is supplied by nature, in the way hereafter shown. The pad is a sort of mechanical patch or plug for the hernial opening. The pad is usually provided with a light spring, to maintain self-adjustment in the various changes of bodily position necessitated by the ordinary avocations in which the person is engaged.

It should be mentioned here, that the "war of the trusses" so industriously maintained by circular and newspaper advertisements, do not, as might be inferred from reading them, relate to any novel or radical principles, but more to the mechanical details whereby the pad may be adjusted to the hernial opening.

It is a principle generally accepted that the truss once applied and properly adjusted, is to be worn indefinitely; the lying position of the body only being sometimes excepted. Its use, with the occasional exception of what is called radical cure in the manner before stated, makes no provision for its discontinuance. It belongs to the class of remedies that may be styled self-perpetuating and perennial—once in use always in use. At least the hopes of the wearer to arrive at such a stage of comfort, are usually rudely dashed by every attempt he makes to leave it off.

It is not intended to assert here that these instruments are not and may not be laid aside, but that this consummation is not arrived at by its use, spite of what may be said to the contrary. It is possible, indeed, moderately frequent, that the physiological defects that superinduced the supposed need of the truss are surmounted, and the truss consequently laid aside. But this effect arises from the rectification, spontaneous or otherwise, of the causes which culminated in the

local defect, and not by any means from the use of the truss.

The sentiments of the medical profession, in respect to the indispensableness of the truss, and also as to its effect being limited to that of mere palliation are fairly echoed by Dr. W. F. Clark in his surgical work. He says, "Life is in jeopardy so long as the ruptured man is going about without a properly fitted truss." "In adults a cure by truss cannot be expected."

GROUNDS FOR THE CONCLUSION THAT THE MECHANICAL METHOD IS INADEQUATE.

It hence conclusively appears that mechanical obstruction is really no remedy in the ordinary meaning of this term. In spite of its most faithful application under the most favorable condition, the loop of intestine continues to descend as far as the pad will allow, the infraction of the hernial tissues remains, and the causes upon which these facts depend are not in the least degree rectified. The truss is at best but a palliation that might advantageously be dispensed with under more intelligent conceptions of the fault to be remedied. Its function is merely that of the crutch or the artificial limb, which do not restore the organs of locomotion, but only palliate the unconveniences of their deficiency.

It is the nature of remedies to repair defects, to restore parts or functions to their pristine condition ; or at least, approximately so, abating only the consequences of deteriorated vitality, on which all repair of the living, growing, changing organism ultimately depends. Neither the wearer of the truss nor the prescriber of its use can reasonably expect any such consequence to flow from its use. It only palliates what its use concedes to be a permanent infirmity.

Other considerations point to the inadequacy, if not the inappropriateness of the common way of palliating hernia. This method implies that nature is less beneficent in the accident under consideration than in most others. For when a limb is fractured or a joint dislocated, the surgical treatment contemplates radical cure, the restoration of the integrity and usefulness of the limb, however grave and complicated the injury may be. Such treatment does not from the outset concede the permanency of the effect produced by the injury, and the legacy of a limp and useless appendage, a hindrance, rather than a help, through the remaining course of life. The treatment, whatever its success, is radical, and looks to radical ends ; and it is not expected to be limitless. Not so the treatment by the truss of hernia. Its processes begin and end with pushing back, and if possible, keeping back, *concealing*, in fact, the hernial protrusion ; not in preventing the descent of the hernial loop into contact with the hernial tissues ; nor in assisting the restoration of the natural resistance which is clearly paramount in every example of health the world over.

A consideration of the nature of the defect or defects which renders hernia possible is conclusive as to the nature of the remedy demanded by science or philosophy, and shows the utter absurdity of the exterior mechanical makeshifts, to which resort is usually made. It is patent that the accident does not arise from the want of what is supplied as remedy. It arises either from inadequacy of the hernial tissues ; or excess of gravitation and of other forces brought to bear upon these tissues ; or from persistency of the wedge-like hernial mass, whether intestinal, omental or both, against otherwise resisting structures ; or from all of these together. Rational considerations would naturally lead to looking for some way of rectifying these causes, separate and combined. It is plain that in all cases of absence of hernia, that is, of health, these causes do not exist. It follows that their existence is somehow the product of deterioration, which calls, remedially, *not* for exterior mechanism, but for means of correction of the causes ; in short, for the physician and not for the mechanician. It is hardly less than an appprobrium on medical science and medical practice that physicians should so long allow themselves quietly to be supplanted by the mechanic, the empiric and the quack, in the treatment of one of the most widespread, serious and lasting affections to which individuals of civilized communities are liable, apparently from deficient appreciation by themselves of its real nature and relations.

INJURIOUS EFFECTS OF THE HERNIAL TRUSS.

The exclusively mechanical treatment of hernia is, as we have seen, quite incapable of raising the presenting part of the intestine from the hernial region of the abdominal wall ; or even to sustain, in any sufficient degree, the downward pressure of the hernial contents ; and besides, has not the least adaptation to remove, abate, or in any way to control the contributory causes, without which the existence of the affection is impossible.

Neither can the truss afford the least assistance in removing the serious phase of the affection, strangulation. Its use comes in only after relief is found by operating to remove the stricture.

But the objections to the truss are by no means confined to those of a negative character. It inflicts possitive injury, and diminishes the facility with which these cases are curable by the positive methods to be described.

1. The belt or girdle required to secure adjustment of the pad, confines and represses the action of the muscles over which it extends ; it therefore diminishes their substance and power.

The effect of the repression extends to the connection of these muscles through the hernial region, including the borders of the opening and the coverings of the sac. In health, these tissues, including the peritonæum, tendons, ligaments, fascia, connective tissue, etc., are, as occasion demands, subjected to use, constantly testing their powers, hardening their substance, increasing their resisting powers, and inviting their nutritive support ; effects which are, to an injurious degree, prevented by the mechanical restraint imposed by the instrument.

2. A consequence of repression of muscular power of the abdominal muscles by the encircling girdle and pad, is the gradual and certain diminution in the degree to which these muscles participate in the ordinary motions of respiration. In health these motions extend to the lowest part of the abdomen, but become gradually diminished. till the lower portion of these muscles scarcely participate at all in their rhythmic and constant motions. One of the most essential functions of the body—that of respiration—is therefore impaired, the powers of digestion inevitably suffer from want of their natural motor stimulus, constipation is superinduced and all the train of evils which necessarily accompany this symptom.

3. The hernial pad does not, as the patient is frequently led to think, really *close* the hernial opening ; it only *covers* it—keeps it out of sight. The degree of perfection with which this is done is measured by the accuracy with which it adjusts itself to the contiguous tissues.

Here is another fallacious consequence of regarding hernia from an exclusively mechanical point of view. To compress vital structures, whatever their nature and wherever situated, is to repress their development and diminish their substance. Pressure causes absorption, and is sometimes employed with success to eradicate morbid growths. It excludes the blood necessary for nutritive support, and breaks down organic structures. Pressure of a pad therefore weakens the tissues bordering the hernial opening, and increases its size. This effect becomes conspicuous when a conical pad is used, which, acting like a wedge, drives further apart the bordering tissues. No possible modification of shape of the pad, whose purpose and effect is pressure, can remove this objection.

In practice, the local deterioration of tissue naturally attending the use of the truss may be diminished, and perhaps in some degree counteracted by the fact of frequent alternations of pressure, necessitated by changes of bodily position and by the working of the muscles of the general system. Its injurious effects are modified by the interruptions of pressure.

4. Granting the imminence of strangulation, it by no means follows that the truss is a reliable preventive, or even that the amount of fatality from this cause is diminished by its use. That strangulation with fatal results occurs to individuals who have long worn trusses, is well known to physicians. Constant apposition of the pad, however ingeniously constructed the truss may be, is nearly impossible. And since the wearing of the instrument increases the weakness of the hernial tissues, it actually diminishes the natural supports; it enlarges the size of the hernial opening, and increases the persistency of impingement of the intestine against the hernial opening. The probability of its escape beyond the control of the pad designed to obstruct it, cannot, on the whole, be specially diminished, and may be greatly increased, by its use. The affection remains a constant threat as well as annoyance; and the instrument so far from being a blessing is but a sorry substitute for those positive remedial measures which render the truss supererogatory.

5. Not the least of the injuries flowing from the mechanical idea embodied in the hernial pad is the false direction thus afforded to medical inquiry. The attention both of patient and medical adviser becomes so preoccupied by the exterior appearances that the controlling facts appear to be excluded. The immediate, visible and palpable, usurp the place of the essential and controlling, and stifle further inquiry. In this case the potential affection, though close behind its outward manifestation, is quietly ignored. The remedy to which recourse is usually had is but a practical evasion of the real pathology of the case; its purpose is other than remedial, for remedies, to be effectual, must have some relation to the causes which maintain the morbid condition. Actual remedies do not imply perpetual repetition. The truss only recognizes the secondary and consequential factors of hernia, while the primary and originating factors are neglected and therefore remain in full force.

INCORRECT VIEWS INVOLVED BY THE USE OF THE TRUSS.

The mechanical remedy for hernia is based upon and is the natural outcome of a connected series of misconceptions which do violence to the facts and principles of physiology. Some of these will be briefly enumerated as an introduction to the development of the principles and methods for the radical cure of this much wronged affection.

1. The assumption that the anterior abdominal wall and especially its hernial region is a mere mechanical object to be treated as an inanimate vessel, suffering infraction of its walls, is clearly erroneous, and the remedial methods based on this must be faulty.

On the contrary, every minute constituent of the wall of the abdomen, including of course the hernial region is vital; and as such is in health the subject of of incessant molecular change. Its whole substance and function depend on and are the products of these changes. It is this important fact that renders it subject to deterioration, therefore to the contrary or exaltation of power. Hernia, it must be conceded, is inseparably connected with the first, and therefore, and by logical necessity, its cure is as inseparably connected with and dependant on the last.

Vital power, wherever manifested, always subsists through contributory conditions. Its rise and its depression are simply expressions of the ratio of those conditions. Any defect in the wall at the hernial region, if such a fact appears, is positive indication of corresponding defect in the circumstances which contribute to and result in power, both acting and resisting, in these walls. The plain therapeutic inference is that the requirement is not concealment, but development of local power and local capacity for resistance. If it were the strength of a limb that was called in question, such at least would be the simple conclusion.

2. The assumption, as implied at least by the mechanical treatment, that the whole gravitating force of the contents of the abdomen in health naturally impinges upon the hernial region, is untrue of animals, and equally so of the human species.

The weight of the mass contained by the cavity of the trunk in health is largely sustained by the arching dome of the chest, including the co-operative assistance of the diaphragm. The relations of the contents of the abdomen may not inaptly be compared to that of a plate of false teeth, upheld by its physical connection with the overlying parts.

3. The assumption certainly implied by ordinary procedures for hernia, that anatomy rules while physiology is inert, is easily seen to be erroneous. The contents of the abdomen in health are as far as possible from being an inert mass subject to the unopposed laws of gravitation. On the contrary, the whole mass yields constant obedience to rhythmic reciprocating motions of great power; and these are uninterrupted from the dawn to the end of life. This motion is ostensibly respiratory, but is of no less importance to several other constant necessities of our being.

This rhythmic motion includes in health the whole mass of the contents of the trunk, and subjects the intestinal and omental mass to a constant succession of *lifts* by its upward-forcing action. This physiological fact proves the impossibility of the assumption that in health the hernial tissues sustain the weight of the abdominal mass. Whether, indeed, it sustains any such weight depends on the action and effect of this physiological sustaining cause. The amount of power capable of emanating from this mechanico-physiological source to comply with sudden requirements, remains to be shown.

4. The assumption that muscular strain as in general exercise, is in health precipitated upon the hernial region, is contrary to ordinary experience and to fact. All effort involves, as a pre-requisite, an increase of the rhythmic motion which produces increased sustentation and actual diminution—often complete removal of the weight of the abdominal contents from the hernial region. Hernia does not occur in the class of subjects subject to habitual equable use of the muscular system; by such exercise the combined tissues of the hernial region acquire resisting power far beyond the reach of any accident whatever.

5. The assumption implied by the pad that in health there may be an insinuating loop of intestine or omentum lurking behind the weak hernial spot, ready on slight provocation to work its way into or through the hernial canal is contradicted by physiological facts.

The function of rhythmic mobility above referred to involves a constant gliding motion, not only of the folds of intestines upon each other, but also upon the abdominal parietes, which is entirely incompatible with persistent pressure at any point however weak. Such pressure can only occur in consequence of the discontinuance of the natural rhythmic motions at this part of the abdomen, and the cessation of the gliding of the intestinal and omental folds upon each other and upon the abdominal peritonæum.

6. It is thus shown that hernia exists, not merely as an outward entity, but as the culmination of a series of physiological defects. These are by no means confined to the spot to which the hernial pad is applied, or which may be subjected to operations designed to afford an obstacle equivalent thereto, but exist potentially, not merely in defects of the local tissues, but far more in

defects of physiological activities, which include both the minutest and most massive functions of the organism on which the local tissues depend. Is is further seen why it is impossible to supply an actual remedy for the affliction, whatever may be said to the contrary, while the causes are neglected; all local remedies inevitably result in failures, and many are foisted upon the unwary sufferer by bold deception.

It should be explained here that the statements above made and to follow, of the all-sufficiency of the mechanico-physiological processes for the radical cure of hernia, are not merely hypothetical and tentative. They are put forth as established beyond all cavil, and confirmed by practical experience over and over again. With this experience and the method founded thereon, it is desirable to familiarize the profession ; and such details will in the course of these articles be given as shall afford opportunity for practical personal verification of their abundant power and efficacy, and the facility with which they are rendered available for the purpose.

These principles are by no means new in practice. Fourteen years ago the author, in his book, entitled "Diseases of Women," showed their application for the cure of all pelvic affections depending on similar causes. The difference of effect—that is, difference in the outcome of these causes—is the necessary product of the anatomical difference in the pelvis, which, in the latter class allows the consequences to be precipitated upon one or all the pelvic contents instead of the hernial tissues.

The large numbers of disabled women who have meantime been raised from beds of suffering—often permanent—to the enjoyment of their physical faculties by the practical employment of the same principles, fully attest their value, and place them among the permanent resources of the healing art.

DO HOMŒOPATHISTS "TRADE UPON A NAME?"

By F. H. Orme, M D., Atlanta, Ga.

In the number of the Times for March, 1883, the writer, in an article entitled "The Charge of Exclusivism as Applied to Homœopathists," showed the groundlessness of that charge. It was then proved that homœopathists were liberally educated in all the various branches of medicine, and embraced all means within their knowledge for the cure of their patients—detesting exclusivism.

The *raison d'être* of that article was the fact that the cry of "exclusivism" was raised against physicians of the homœopathic school, and presented as a reason for non-affiliation by allopathic practitioners. It was observed that there had been a change of the ground of objection from that of "fallacy," "humbug," etc., to that of "exclusivism." This last having now been found untenable and unsuited to the purpose of a body of men who seek, but fail, to control the whole profession, a new ground for exclusion is given : It is now charged that "homœopathists trade upon a name."

Since the commencement of the trouble in the old school camp between the new and the old codists, some allopathic journals (the *Medical News* of Philadelphia, for example) admit and complain that the press and the laity have uniformly taken sides with the *new* party, and they lugubriously attempt to defend themselves upon the ground that they are governed by a sound principle in excluding those who thus trade upon a name. But, is it not another case of having to publish a slander, as in the case of the charge of exclusivism, in order to make out a case? Is it not absurd upon its face—a *prima facie* falsehood? A minority school—a school that is insignificant, "exclusive" and "dying out"—trading upon a name ! Does not the pretext recall the logic of the wolf, in the fable, who had determined to breakfast upon the lamb who was drinking lower down at the same stream, charging him with muddying the water? Does trade flow to the despised minority? Does a man wishing to trade upon a name select one that is heretical and contemned? What is the inducement to take a name that is branded by the allopathic school, which is still the largest in numbers, as false and foolish? Is the charge not an acknowledgement that homœopathy, which, in the past fifty years, has multiplied its number of practitioners a thousand fold (what proportion of increase has allopathy made in the same time?) has attained to a general popularity?

There is, doubtless, an occasional physician who honestly thinks that the homœopathist should not be known by the name of his school of practice ; but such an one must be ignorant or unmindful of the history of the controversy on homœopathy ; and especially of the fact that the responsibility for the existence of a distinct school known as homœopathists rests with the so-called "regular," but really *arbitrary*, old school. It will not be denied that, when the physicians first announced their adoption of *imilia similibus curantur* they were generally excluded from medical societies and medical fellowship, and were thus *forced* to establish societies and institutions of their own. This was little regarded at first—but now that this school has grown so large in the profession, with its millions of adherents among the laity, that it is suspected of being worth while to trade upon the adoption of the name of that spreading school, we hear a wail ! Behold the dilemma of the poor old school. How paltry, lame and impotent are the pretexts of a prejudiced and losing side !

If there be a particular school with a name, must it not be because there are others from which it is distinguished? The profession being a divided one, the minority school being ostracised, is it not proper and professional, because manly, honest, and honorable to profess its adoption? Is it wrong for physicians to allow those who are seeking medical service to know what character of treatment they may expect, so that they may be accepted or avoided?

The medical profession is recognized by State and federal laws, as well as by the people, as divided into schools, the principal being the allopathic and homœopathic. The members of the former rested easily for some time under its name, but of late complain that it is not a proper appellation, that it was put upon them by Hahnemann (which is true—and oh, spirits of glue and cockle burrs, how it does stick !) and that they are really "regulars"—although in what their regularity consists is not made to appear.

Now, it will be observed that the assumption of a title such as "regular" implies a claim to *superiority* (quackery?) and is, of course, more a name to trade upon than is that of "homœopathic," which simply indicates the kind of physician, regularly educated, a man is. The latter is a distinction which conveys no intimation of superiority except to such as are convinced that excellence attaches to it. It acts as a warning to the majority, and can serve as an invitation only to that insignificant class of "gulls and boobies" (Dr. O. W. Holmes) which has been for so long a time "dying out."

Be done, now, brother Allopath, with this ridiculous and disgraceful trifling, and be decent. It is only by decency and common sense that the profession at large can retain the respect of the intelligent and the good—those whose good opinion is most to be desired—and where do you stand when your attempt to put upon educated and honorable men, known to all as such, the baseless charge of "trading upon a name," is analyzed? Cease shifting position with the impracticable purpose of making people believe that you have reasonable ground for being exclusive as "regulars." Go back to the position of the American Medical Association before it made its boomerang assault upon the Massachusetts

Medical Society, and distorted the meaning of its (the former's) code by an attempt to make it apply where its application was slanderous.

The outcome of the controversy between the old and the new codists must be that, whether they think these things wise and justifiable or not, the following facts will have to be recognized :

1. The medical profession is divided into schools.
2. Each physician is nevertheless a physician.
3. The true and only authentic definition of the term "regular physician" is that given by Dr. J. W. Dowling, President, in 1881, of the American Institute of Homœopathy—the oldest national medical organization in this country—in his official address, which definition was unanimously adopted by that body, and which is as follows : *A regular physician, a graduate of a regular medical college. The term also applies to a person practicing the healing art in accordance with the laws of the country in which he resides.*
4. The school which numbers, in the United States, about eight thousand practitioners, with a *clientèle* of many millions, largely among the more intelligent and cultivated portion of the people, cannot be successfully ignored.
5. The school which has eleven flourishing colleges, with hospitals, general and special, costing in the aggregate nearly $4,000,000, with fifteen journals, with twenty-seven State societies besides the national one, and other institutions increasing in number—the school with such a basis, and with its determination upon progress, is not likely to give up its individuality at the beck of old physic.

It may be unfortunate that any show of sectarianism in medicine should exist—but there always have been distinctions—probably there always will be—and it is not the part of candor or of wisdom to blink the fact. We had Galenists, Broussaists, Brunonians, Vitalists, Humoralists, etc., before we had Homœopathists. *The distinctions exist*, and it is unwise to indulge in unprofessional aspersions of the motives of different practitioners. Judgments of this sort are at once set down by discerning people as the result of ignorance or prejudice, and go for nothing. The pooh-poohing plan has failed !

Institutions have arisen from necessity, often at great cost of labor and means on the part of their projectors, in which these have a pecuniary interest, dependent largely upon existing distinctions; and it is not quite modest or rational to ask them to give up this acquired and vested interest—charging them, if they do not, with mercenary and dishonorable motives while engaged in the good cause, as they believe, of preserving the distinctions. Are they not *entitled* to their well-earned remuneration ? We must not look for what is so unnatural as that a prosperous party will lower its standard for fear of hard names. Traduction is not a weapon of the noble.

What, then, of the future? Possibly the time may come when enough of the liberal of all schools may conclude to form a national organization of physicians which shall not ask to what school an applicant may belong, but only if he is qualified and reputable in the school of which he is a member. The societies of different schools could all have representation in such an academy of medicine, which could be harmonious, if differences on points existed—and much advantage might be derived from common contact and intercourse. Consultations of members of different schools could then be had without being regarded as scandalous ; members of the profession could aid one another even if they could not agree ; the specialist could assist the general practitioner, and *vice versa*. While a fundamental difference in views as to therapeutics might exist, conference could still be had as to the nature of the disease, and many incidental points, while the regular attendant could, of course, control the medication. Assistance could be rendered in surgical and obstetrical cases—a very desirable thing when there might be but one of a particular school in a place—and so, while the schools all progressed, each developing something new and valuable in its particular line of differentiation, and all receiving the benefit, there need not be the state of enmity and defiance which now exists. There need not be the tauntings of the laity directed against the profession as one full of illiberality, jealousy and spite.

A tendency to differentiation and specialization is a part of nature. It is evinced in the course of development in the vegetable and animal kingdoms, and is as much a law in the domain of mentality as elsewhere. It has been attended by the best results in medicine as in other departments of knowledge, and it is called for by the spirit of progress of the times. Let other systems arise if they will, as others have come and gone. Let all have fair play. Each will have to stand upon its merits, and will die out or live as it lacks or possesses vitality As "the blood of the martyrs was the seed of the Church," so the persecution of those who have advanced new truths has led to the development of those truths, while fallacies have given way before the test of time.

There was a time when it was thought desirable to enfold all Christians in one denomination ; but it is now found that many sects can live to advantage separately —all marching under one general banner ; and while it has been at a dreadful cost that the lesson has been learned, we know that it is not necessary for medicine to go through the old and sad experience of theology. Let each school exist and prosper, and endeavor to perfect itself ; if all reach perfection they will all reach the same point. If they at present diverge, it may be only to form parts of one grander and more perfect whole.

Let that charity which is the result of enlightenment and comprehensive views prevail—our desire being for the greatest good to the greatest number—and it will be found that the best policy will be that of giving the brotherly benediction to each other as each is welcomed to pursue his chosen course in peace.

The dream of uniting all the numerous schools, or sects, if you will, under one common name, is Utopian ; the insistence upon proper treatment of one another is just and reasonable—and if attention were applied to reformation in this practical direction, some good might be attained—and there is ground for hope of this.

The most colossal specimens of presumption to be found in the writings of modern times are to be met with in the journal articles of the allopathic school, in which it is claimed that it is only within the walls of *their* colleges that a complete medical education is to be obtained. The most absurd and certainly reacting piece of defamation known is the charge that the keeping up of colleges, journals and other institutions of the homœopathic school is due to a mercenary *animus*. Men more devoted to the cause of science are nowhere to be found than those thus aspersed. Men more upright in their dealings with their fellow men, or more generous and honorable in their impulses, are not anywhere met with —and we have not heard of a competitive test of qualifications proposed which they have ever declined. These facts being known of men, how more than idle it is to continue this vain and wicked cry of "trading upon a name !"

The homœopathic school is *established*. It was based upon reformatory ideas in medicine; and, like all things which have arisen upon a call of necessity, will continue while the necessity lasts. It has wrought a wonderful change in the general tone of medical practice ; it has driven out of vogue the barbarisms, among others, of bleeding, salivation and depletion—and by its contributions to the science of *materia medica* has been of incalculable service to mankind.

It is, then, "kicking against the pricks" to attempt to jeer this established school in medicine out of countenance by calling its practitioners hard names, and accusing them of improper motives. It has withstood harder assaults than this, and now laughs at the pitiful

impotence of those who still dream of accomplishing this hopeless result by such unkind, unjust, unprofessional, unbecoming and revolting means as that of charging its members with "trading upon a name"!

ON THE PHYSIOLOGICAL ACTION AND THERAPEUTIC USES OF GLONOINE (NITRO-GLYCERINE) AND AMYL NITRITE.*

By Alfred C. Pope, M.D.

Late Lecturer on Materia Medica at the London School of Homœopathy.

GLONOINE.

* * * The range of action of *glonoine*, though confined within a comparatively narrow circle, is a very important one, and one which renders it of great clinical value in some serious and painful cases. Powerful as its action is, it does not make this manifest in all its intensity in every person. There are, indeed, few who can take it and escape without some degree of impression being made upon them, but its full effects are most strikingly observed when physical depression, whether the result of fatigue or illness, is present. For example, the late Dr. Fuller, of St. George's Hospital, took, on one occasion, two drops of a one-per-cent. solution, a little later another dose equal to seventeen drops, a quarter of an hour after, one equal to thirty-three, and in a few minutes more one of fifty. Beyond a trifling degree of fullness in the head at first, subsequently an elevation of the pulse to 96, with an increase of fullness about the head and some confusion of thought, followed, after the last dose, by a clammy perspiration, an intermittent pulse, and some increase of fullness of the head, these large and rapidly succeeding doses produced no noticeable effect. On the other hand, Mr. Field gave to a hospital patient, suffering from hemicrania, two drops of the same solution, and in about a minute he became pallid, felt sick and giddy, his forehead was covered with perspiration, and he sank almost unconscious on the bed by which he was standing, his pulse falling so much as to be scarcely felt. After taking some ammonia he revived, the headache was greatly relieved, and he soon obtained some sleep, to which he had been, for several days, nearly a stranger. Here you will observe that *glonoine* was given to relieve a condition probably *similar* to that which it will cause in a healthy person (I say *probably*, because Mr. Field gives no details of the *kind* of hemicrania the patient suffered from), and hence the presence of such symptoms after such a dose need not excite wonder. They do not, however, constitute an aggravation, in the sense of an increase of the suffering to relieve which the medicine was prescribed—but a development of symptoms usually appearing after a much larger dose has been taken, and appearing here on account of the largely increased susceptibility to be influenced arising from the kind of disease present.

Numerous experiments, however, show that it is far from safe to use, even in health, such large doses as those which Dr. Fuller took. Here, for instance, is an experiment recorded by Dr. Dudgeon (*Brit. Journ. of Hom.*, xi., page 275):

"Mr. B., Jan. 27, 1853, 9 P. M.. In good health, pulse 60. At the above hour took one drop of *glonoine* 1x on a piece of sugar. In about half a minute perceived a throbbing of the temporal arteries, soon accompanied by a rather severe throbbing pain in both temples. In a few seconds more the pulse was found increased from 60 to 100, and the heart throbbed most violently and rapidly. In a minute or two a faint, warm, sickening sensation was perceived in the chest and stomach resembling the threatenings of sea-sickness; also of slight giddiness, especially on moving about. The throbbing pain in the temples continued to increase for about ten or fifteen minutes, then gradually diminished, and in about half an hour became considerably easier; the feelings of nausea and giddiness also were lessened; but on returning up stairs very fast, about three-quarters of an hour after taking the medicine, all the symptoms recurred with double force. (Felt a sensation of warmth and fullness down the arms, as if in the course of the cutaneous nerves; also a similar sensation in the sciatic nerve, and some warm, dull aching in the loins; but these symptoms lasted but a very short time). The temples ached and throbbed excessively, and there was great nausea and giddiness. However, in a few minutes there was an abatement of these sensations, but leaving slight nausea and throbbing pain in the temples.

"A supper of oysters and stout removed the nausea, but the throbbing pain in the temples continued, and was very readily aggravated by any exertion of walking, talking, or reading. Went to bed at twelve, had less pain in the recumbent posture, especially when lying on either side; kept well all night. On waking in the morning felt slight pain or rather uneasiness in the temples, with tendency to nausea and giddiness, which have continued all day. Feels fullness of the temples and very slight nausea while now writing at 8 P. M."

These symptoms all arose from taking one-tenth of a grain. Dr. Fuller took, during a shorter time, fully ten times as much, or one grain. Mr. Brangwin's experiment is a very interesting and instructive one, so much so, indeed, that I cannot help regretting that he did not persevere in taking a daily dose for a week. I think that by his so doing we should have had a much fuller acquaintance with the action of the drug than we have.

Again, we have the evidence of Dr. Murrell as to the power of a very small dose, probably one drop, or at most only two, of a one-per-cent. solution. While seeing out-patients at the Royal Hospital for Chest Diseases he applied the cork of a bottle containing a one-per cent. solution to his tongue, and forgot all about it. "Not for long, however," he goes on to state, "for I had not asked my patient half a dozen questions before I experienced a violent pulsation in my head. * * * The pulsation rapidly increased, and soon became so severe that each beat of the heart seemed to shake my whole body. I regretted that I had not taken a more opportune moment for trying my experiments, and was afraid the patient would notice my distress and think that I was either ill or intoxicated. I was quite unable to continue my questions, and it was as much as I could do to tell him to go behind the screen and undress so that his chest might be examined. Being temporarily free from observation, I took my pulse and found that it was much fuller than natural, and considerably over a hundred. The pulsation was tremendous. I could feel the beating to the very end of my fingers. The pen I was holding was violently jerked with every beat of the heart. There was a most distressing sensation of fullness all over the body, and I felt as if I had been running violently. I remained quite quiet for four or five minutes, and the most distressing symptoms gradually subsided. I then rose to examine the patient, but the exertion of walking across the room intensified the pulsation. I hardly felt steady enough to perform percussion, and determined to confine my attention to auscultation. The act of bending down to listen caused such an intense beating in my head that it was almost unbearable, and each beat of the heart seemed to me to shake not only my head but the patient's body too. On resuming my seat, I felt better, and was soon able to go on with my work, though a splitting headache remained for the whole afternoon." To these details of a very valuable experiment, Dr. Murrell adds: "Since then I have taken the drug some thirty of forty times, but I never care to do so unless I

* A Lecture delivered at the London School of Homœopathy, Session 1882-3.

am quite sure that I can sit down and remain quiet for a time, if necessary. It uniformly produces in me the same symptoms, but they are comparatively slight if I refrain from moving about or exertion of any kind. The acceleration of pulse is very constant, although sometimes it amounts to not more than ten beats in the minute. The temperature remains unaffected. The pulsation is often so severe as to be acutely painful. It jerks the whole body, so that a book held in the hand is seen to move quite distinctly at each beat of the heart."—*Lancet*, Jan. 18, 1879. In a subsequent paper, published in the same journal, Dr. Murrell states that he had given the drug to thirty-five friends, who volunteered to take it, and found that out of this number only nine were not perceptibly influenced by drop doses of a one-per-cent. solution.

For therapeutic purposes it is necessary that we examine these symptoms somewhat more minutely.

The headache, we have seen, is charactertzed by throbbing. There is fullness and rush of blood to the head, which is increased by rising, by shaking the head, or still more, by attempting to walk. The throbbing is sometimes felt throughout the head, but more commonly is limited to one portion, being especially marked by the vertex, in the occiput, and in one or other temporal region, most frequently the left,

Associated with these symptoms are the violent action of the heart, rapid increase in the pulse, and faintness to which I have referred.

Homœopathically, then, *glonoine* will be indicated in certain forms of congestive headache. Such forms you will find illustrations of among cases of threatening apoplexy in subjects having hypertrophied hearts; in cases of sun-stroke—and here *glonoine* has, in the United States of America, been found to be of great value. Some years ago I met with a case of headache in a delicate lad of 13 or 14 years of age, who had been exposed to the heat of the sun in a hay field during a hot summer day, and returned home late in the afternoon with a severe throbbing headache and a full quick pulse. I saw him about ten o'clock in the evening, and prescribed drop doses of *glonoine* 3x every hour until he went to sleep. This he did after one or two doses, and when I called in the morning he was free from pain.

In subjects of a plethoric type, anxiety and worry produce a headache very similar in its phenomena to those which arise from *glonoine*. Of such cases Dr. Bayes gives an illustration (*Homœopathic Review*, vol. x., page 108). The patient was a middle-aged gentleman, who, after a too close application to business, had, for several weeks, passed sleepless nights, and had, at the same time, the following symptoms: "Red face; greatly injected eyes; severe frontal and temporal headache; a deeply furred tongue; a pulse of 110, full, incompressible, and bounding; a general feeling of great tension, with aching pains in the limbs. It was," Dr. Bayes adds, "just such a case as, a few years back, would have been bled copiously, with the intention of preventing an apoplectic seizure or an attack of brain fever." A few doses of *glonoine* 3 were followed by five or six hours sleep, terminating in a gentle perspiration, and the patient was able to be at his business the day after. In three days he was quite well.

Dr. Ludwig Battmann (*Allgem. Hom. Zeit.*, Feb., 1865, and *British Journal of Homœopathy*, vol. xxiii., page 435) narrates the particulars of a case of puerperal convulsions, commencing two hours after an instrumental delivery, in which twenty-three paroxysms occurred during the succeeding eight hours, and where there were, in addition to complete unconsciousness and struggling, a red flushed face, a quick, full, hard pulse, violent throbbing of the heart and carotids—in which he gave *glonoine* in the second dilution. After the first dose only one short convulsion occurred, and the vascular system gradually calmed down, so that by the following morning scarcely any excitement of pulse was perceptible, although the patient had no sleep. This, however, was obtained on the following day.

Dr. Battmann, in the same paper, gives an example of congestive headache of a kind which has frequently yielded to *glonoine*. The patient was a laborer in an iron foundry, and sent for Dr. B. late one evening in consequence of a frightful headache, which had been coming on since the previous day. On visiting his patient he found him running about the room, holding his head pressed between his hands as though it would burst, sometimes he knocked his head up against the wall. Pulse hard, full, quick. Face red. Occasional violent shoots in the head, causing him to cry out aloud, sometimes jerkings through the body. *Glonoine* two was prescribed. The pain and cerebral congestion rapidly subsided, he obtained some disturbed sleep during the night, and the following day was quite well.

There is another form of cerebral congestion to which Dr. Hughes draws especial attention, and where *glonoine* gives very rapid relief—that, namely, which occurs in women of a plethoric habit, in whom menstruation has, from some cause or other, become suppressed. Such an application of *glonoine* is well warranted by Dr. Dudgeon's twelfth experiment. He gave to a married lady, 28 years of age, in whom the catamenia were present, four pilules saturated with the first decimal dilution of *glonoine* at four P.M. "In a few minutes the pulse became very much accelerated, and she complained of throbbing and heaviness of the head, increased to severe pain on shaking it. There was also felt a tight contractive sensation down the jaws on either side, in the masseter muscles, as if lock jaw were coming on. The catamenia ceased immediately and the headache increased in violence towards evening, when severe diarrhœa came on. The catamenia did not resume their flow until the following morning, on walking briskly." (*Loc. cit.*)

In the same paper Dr. Dudgeon reports three cases of headache of this kind depending upon suppressed catamenia, in which the relief afforded by *glonoine* was prompt. I have referred to these conditions as frequently supplying cases where the throbbing headache and other symptoms produced by *glonoine* are met with, but at the same time, wherever you find these indications present you may very generally prescribe this medicine with advantage.

In cases such as those I have described the cerebral condition is secondary to the disturbance of the circulation.

But I cannot resist the impression that, if *glonoine* were persistently "proved," the nervous system would be found to be directly, as well as indirectly, affected by it. As it is, there is a certain amount of evidence that such is the case. Thus, in the seventeenth volume of Ziemssen's Encyclopœdia, tetanic convulsions dyspnœa, quickened pulse, mydriasis and general paralysis are stated to have been observed in frogs and mammals poisoned with it. And, after mentioning the effects ordinarily observed in human beings, larger doses are said to have caused dyspnœa, oppression of the chest, lassitude, muscular weakness and stiffness of the jaw muscles.

The fact that *glonoine* in the third decimal and centesimal dilutions has cured some cases of neuralgia seems to indicate that it has a specific influence upon some nerve tracts independently of its action on the heart. It cannot in so small a dose have a merely sedative, palliative, antipathic action. The provings so far give us no indications guiding its selection in neuralgia. Nevertheless, whether as a forlorn hope in previously intractible cases, or on what grounds soever, I cannot say, but it has been prescribed in some instances of this form of disease with excellent effect. The cases in which it has proved especially serviceable have been characterized by throbbing pains in the gums of one side, rapidly followed by darting and stinging shocks of pain extending upwards throughout the malar bone on

the affected side, and downwards to the neck. In each recorded instance the pain has been intensely severe, attended with considerable emotional excitement. In several cases so characterized where the suffering has persisted for several weeks, the use of drop doses of the third decimal dilution of *glonoine* has been followed by very prompt relief. Dr. W. H. Evans, of Bradford, in a communication to the *Homœopathic Review*, vol. x., page 175, says that he has found it especially serviceable in headaches of a neuralgic character, and, indeed, in neuralgic affections of other parts of the body. He adds: "I have had some cases of hemicrania and of facial neuralgia which have yielded to a few doses, after having resisted for years almost every kind of treatment which could devised."

Dr. Murrell inferred, from the character of the physiological action of the drug being very similar to that of *amyl nitrite*, that it would prove useful in angina pectoris, and his conclusion has received some very gratifying confirmations. The pathological state present in angina pectoris—being one of sudden and extreme contraction of the systemic arteries, preventing the free passage of blood to the capillaries, or damming it up, as it were, in the heart—is the exact opposite of that produced by *glonoine*. The physiological action of the drug relieves rapidly the terribly painful spasm of the heart, and though one would, from similar attempts at procuring relief from disease antipathically, expect that the action of the drug having ceased the spasm would return with full force, such has not proved to be the case. Indeed, in one or two instances, when a patient has, on the first perception of the approach of an attack, taken a couple of drops of the first centesimal dilution for several months, he has entirely lost the tendency to their recurrence. It is less rapid in producing its influence on the heart than is *nitrite of amyl*, but, on the other hand, this influence lasts longer. The usual physiological effects of *glonoine* of course, occur in all instances, but these are matters of singularly minor importance when compared with those which arise from angina pectoris. The following case, a report of which you will find in the *British Medical Journal*, March 27, 1880, page 488, illustrates very well the way of using *glonoine* in angina pectoris, and the advantages to be looked for from it. At the suggestion of Dr. Murrell, Mr. Jameson, of Caistor, who suffered severely from angina pectoris, began by taking two minims of a one-per-cent. solution every three or four hours during the day. He always found relief if he took the dose when he felt the first threatening of the attack, and the paroxysm was staved off. He continued taking the two minim dose regularly every three or four hours for four days, and as the attacks did not trouble him so much, he began to diminish the frequency of the dose, and took it only when he felt the attack threatening. He says: "I always carry an ounce and a half bottle of the diluted solution in the breast pocket of my coat, the bottle carefully marked for six doses, and each dose containing five minims of the one per cent. solution. If I feel an attack coming on, I apply to my bottle, and at once feel that I am saved from a paroxysm. The action of the medicine seems to commence the moment that it is swallowed, just as Dr. Murrell describes. It produces always a feeling of fullness in the head, singing in the ears, and a sensation of pulsation all over, especially in the head, and even at the root of the nose, as if epistaxis were threatened. I do not suffer from headache, and the congested feeling soon goes off. It is a great boon to have a remedy in which you can have perfect confidence that the attacks can be controlled by it. I have not had any severe attack of the disease since I got the solution and began to take the drug six weeks ago."

As I have already stated, this application of *glonoine* is an illustration of its antipathic, not of its homœopathic uses.

In hypertrophy of the heart, when there is heavy, throbbing at the prœcordia, a quick, full pulse and oppression of the respiration, this medicine gives much relief.

Lastly, in some cases of sea-sickness *glonoine* is homœopathic. They are those where the sickness is attended by severe throbbing headache and great faintness, and in which all the symptoms are aggravated by any movement. In such, its usefulness has received ample justification for its prescription. It is not in all cases of *mal de mer*—far from it—that you will find it serviceable, but only in that kind of case which I have described. Sea-sickness manifests itself so variously in different persons that it is impossible to find one medicine competent to cope with all. But as an addition to our more ordinarily called for remedies, such as *cocculus*, *petroleum*, *apomorphia*, etc., *glonoine* will occasionally be worth remembering.

With regard to dose, drop doses of the third decimal or of the third centesimal are amply sufficient to secure its curative power, when prescribed homœopathically. In angina pectoris, on the other hand, when the production of its full physiological action is necessary to obtain relief, two drops of the first centesimal form a dose none too large.

In all cases it should be prescribed in solution. Globules and pilules saturated with it, though active enough when freshly prepared, rapidly lose their medicinal properties.

THE NITRITE OF AMYL.

* * * The condition produced by the *amyl* is essentially one of vaso-motor paralysis, and greatly resembles that arising from the drug we have just been considering. The inhalation of one or two drops renders the action of the heart tumultuous, the pulse rises rapidly to double the ordinary number of beats, the breathing is oppressed and hurried, the face swells and becomes livid or of a dull florid color; throbbing is at once felt in the head, with intense fulness and heat, and a sense of confusion with vertigo. The eyes protrude, the conjunctiva are bloodshot, and, under the ophthalmoscope, the veins of the disc are seen to become varicose, and the arteries to be contracted. There is much flushing of heat with tremulousness and weakness in the extremities, and a great deal of fear and anxiety are present.

The occurrence of these symptoms is immediate—more rapid and intense than the very similar ones produced by *glonoine* or *nitro glycerine*. They reach their acme of intensity with great rapidity, and, unless the dose is repeated, pass away as quickly, much more so than those arising from *glonoine*.

A case of poisoning by this substance is reported in the *Indiana Medical Reporter* (1880), by Dr. Senter, of Evansville, Indiana, in which the condition that *nitrite of amyl* will produce is fairly described. A young lady had taken, by mistake, a dessert spoonful of *nitrite of amyl*. A druggist gave an emetic promptly, and a medical man saw her in twenty-five minutes, when she was ejecting great quantities of fluid from the stomach, which saturated the whole room with an *amyl*-like odor. Her face was grayish white; pupils widely dilated; her eyes glassy, and rolling vacantly in their sockets. The mouth was widely open, breathing spasmodic and irregular; a few breaths would be very rapid, then slow and long drawn; finally they ceased all rapidity, and became barely perceptible. The pulse was irregular and jerking when first examined; soon, however, it became so slow and feeble that it could not be detected at the wrist. The patient is described as being "the most limpid, limber, relaxed body imaginable." The skin was cold and clammy, suffused with a moist adhesive perspiration supersaturated with *amyl*. The treatment was externally massage, warmth to the head and extremities, alternated with ambulatory flagellation; internally, after free emesis, hot coffee sometimes with, sometimes without, ten drops of *tincture of opium*.

So far there are only two conditions in which *amyl* has been used homœopathically, and one, singularly enough, has been selected as its chief curative sphere by Dr. Sydney Ringer. It is that state of flushing, suddenly coming on, felt sometimes in one sometimes in another part of the body, which so frequently marks the climacteric period. At the same time giddiness, mental confusion, and headache are often prominent symptoms in such cases. They resemble the more permanent of the effects of *amyl*—those which last longer than the extreme cardiac tumult which is set up at first. Dr. Ringer also found that in these cases the third, the tenth, and even, in some instances, the thirtieth of a drop was a sufficient dose.

The other condition in which it has been used successfully by Dr. C. Wesselhœft, of Boston, is one where the action of the heart is at once tumultuous and feeble. Here small doses, such as the first or second centesimal, are sufficient.

Used antipathically, *nitrite of amyl* has, as was first pointed out by Dr. Lauder Brunton, no rival in the relief it affords in angina pectoris—save in *glonoine*. The inhalation of a few drops—most conveniently accomplished by the crushing of one of Allen & Hanbury's glass capsules charged with five drops, in a pocket handkerchief—affords almost instantaneous relief even in very severe cases. As, from the nature of its action here, we should be led to expect, it is palliative only, and hence nothing approaching a cure can be said to have resulted from its use. Still, in such a condition as a paroxysm of angina pectoris, one is only too thankful for a means of rapidly reducing the spasm which threatens life so seriously. In a severe case, the greater promptitude with which it influences the heart gives it a preference over *glonoine*.

In the same way the *nitrite* has been used to cut short an epileptic fit, and this it has done even when given during the aura.

As showing that it does effect something more than mere palliation in epilepsy, Dr. Waldo reports the following case: "A lady had been suffering from epilepsy for four years. An attack would come on once in from ten to twenty days. She would feel suddenly dizzy, and have to sit or lie down immediately. She uttered a slight cry before the attack, and the upper limbs were convulsed with clonic spasms. She did not sleep after the attack. She frequently had twitching of the muscles of the neck and back, and sometimes of the extremities. There were no premonitory symptoms. Nine inhalations of the *nitrite of amyl* were administered two or three times each week for eight weeks; three inhalations being given at a time, with a few minutes' intermission, and then three more, and so on, with the effect of entirely curing her. The only symptom noticed from the administration of the drug being a slight spasmodic cough and a considerably increased number of beats of her pulse."

Amyl has also been found to be of great service in preventing a fatal issue from an overdose of chloroform. In these cases it is administered, as it is in angina pectoris, by crushing one of Allen & Hanbury's capsules in a handkerchief held over the nose and mouth of the patient.—*Monthly Homœopathic Review.*

Fœtus in Fœtu.—Dr. Lubimoff, Kasan, Russia (*Vratch Vedomisti*), has recently reported an interesting case of this kind. He found on a little girl born at term, and living, a perineal tumor, of which the right half was hard and the left half soft. On autopsy there were found two cysts in the left half. The right half contained different portions of a fœtus—a well-developed foot with six toes, a rudimentary arm, and a stomach. Between the two tumors were found small dermoid cysts, containing epithelial cells, striated muscular fibre, bits of cartilage, and bones containing marrow in the interior.

CLINIQUE.

EXTIRPATION OF AN INTERSTITIAL MYOFIBROMA OF THE UTERUS.*

By S. J. Donaldson, M.D., New York.

The case which I have to report to you is one of uterine fibroid. I do not claim for it any specially unique pathological features, nor will I say that in its method of treatment will be found anything remarkable or original. My purpose in presenting it is merely to add more to the list of cases, which, *a priori*, are extremely disheartening, but eventually afford the happiest results.

Miss G., aged 32, presented herself at my office about the first of last November, bearing a note of introduction from Dr. E. P. Fowler. She gave the following history: Menstrual life was inaugurated in her fourteenth year; always regular, profuse and painful, lasting from six to eight days. In the summer of 1881 the menses became more frequent and irregular, and severe pain was experienced in the left infra-mammary region. She now began to notice a serous discharge from the vagina; the menses were more profuse and severe bearing-down pain was experienced. From that time until the winter of 1883 these symptoms gradually increased, appetite and strength depreciated and the flesh became more blanched. In January of 1883 was attacked with severe and obstinate flooding and persistent vomiting, which lasted three or four weeks. In compliance with the wishes of her physician and friends, she sailed in February for Florida, enjoyed the trip, and her general health was greatly improved by the climatic change. Returned to New York last May, when she first learned from Drs. Fowler and Miner that she was suffering from a uterine tumor. Through the summer she enjoyed a fair degree of health, but was very weak from the constant, excessive, pale-colored, vaginal discharge; besides the menses were more frequent, of longer duration and attended with colic-like pains. At the time of her first visit she is in that exsanguinated state so often witnessed in women suffering from uterine fibroids. The flesh is extremely blanched, and there is considerable puffiness under the eyes, which present that pearly whiteness peculiar to these cases. Local inspection reveals the uterus prolapsed, somewhat retroverted, enlarged and fixed. The os, strange to say, was very small; a probe passed four and a half inches within the uterus.

Dilatation of the canal was affected by a succession of sponge tents, which caused considerable pain and hemorrhage. The "touch" now diagnosed a firm, globular, interstitial growth in the posterior uterine wall. An incision about three inches long and from a fourth to three-eighths of an inch deep was made along the face of the protuberance, and a course of hypodermic injections of *ergot* instituted, with the hope that the uterine contractions thereby excited would force the tumor through the slit just made. Five drops of Squibbs' aqueous extract of *ergot*, mixed with *glycerine* and water—each five drops, was injected into the hypogastric tissues every third day for twelve days, when we were compelled to desist on account of the menses, which were quite profuse, and, beside, the suffering consequent upon the use of the *ergot* had still further impaired the physical condition. The tissues subjected to the syringe were also considerably swollen, inflamed, and abscesses threatened, but were subdued by frequent hot sponging. After ten or twelve days' non-interference, the os was incised and again dilated, when the track of the incision was found gaping sufficiently to contain the finger, and the submucous, parenchymatous structures were more bulging. The incision

* Read before the New York Medico-Chirurgical Society, Feb. 12, 1884.

was deepened, and the injections of *ergot* resumed. About a week later the finger came in contact with the neoplasm protruding through the incision, and on the next examination it was found well advanced into the uterine cavity. By the use of the finger, a pair of hooked forceps and a strong steel sound, it was quite readily freed, so that it seemed to be entirely within the cavity. The amount of *ergot* was doubled, with the expectation of forcibly extruding the mass, but after several days it was evident that no further progress was made, and the patient, who was now very much debilitated, was reluctant to endure the torture inflicted by the use of the *ergot*. Although the tumor was free as far as the finger could reach, an attempt to rotate it with the forceps demonstrated that it was firmly attached to the fundus of the womb. As the flowing was now greatly diminished, I decided to devote a few days to upbuilding the patient's strength, and as soon as conditions were favorable, to complete the extirpation by the aid of the ecraseur. Accordingly on the 27th day of January, with the assistance of Dr. Fowler, the patient was chloroformed, the uterus fully dilated, and the tumor snared and extracted with but slight hemorrhage. It was ovoid, and when first measured was three and a half inches long and two and a half inches in diameter. The base of the pedicle was nearly an inch in diameter. The patient is progressing toward complete recovery without a single unfavorable symptom. On the eighth day succeeding the operation went down stairs to dinner.

In reporting cases, there is always a strong temptation to wander into a discussion of familiar theories and facts; this elaboration too often savoring of egotism. The recognition of this prevalent and objectionable propensity restrains me from offering any supererogatory comments regarding the nature and therapy of uterine neoplasms. There is, however, one feature connected with interstitial fibromata that I have failed to find mentioned in any text book, and this being prominently illustrated in the case before you, I desire to call attention to it more definitely. In all my post-mortem examinations of uteri containing interstitial myo-fibromata, I have been able to enucleate the growths quite readily, with the exception of one portion, which appeared to be intimately blended and continuous with the uterine tissues proper. Therefore I infer that, although the growth be completely imbedded in the parenchymatous structures, it nevertheless possesses a distinct root. In the case just reported, we observe that after it was shelled out of the uterine wall, it became a polypoid fibromata, its pedicle being large, dense and strong, offering no slight resistance to its *écrasement*.

TREATMENT OF TRICHIASIS BY ELECTROLYSIS.

By Chas. C. Boyle, M.D., O. et A. Chir.
Assistant Surgeon to New York Ophthalmic Hospital.

Trichiasis being an irregularity, with more or less inversion, in the growth and direction of the eyelashes, is a source of constant irritation and annoyance. By their continual rubbing the cornea and conjunctiva, they may cause severe inflammation, which often results in pannus and ulceration, thereby materially affecting the sight. The most frequent causes are severe inflammation of the conjunctiva, as trachoma; also inflammation of the edge of the lids, in which the hair follicles have undergone inflammatory changes, by which the eyelashes become distorted.

The ordinary treatment is to pull out the ingrowing lashes by ciliary forceps; but this method has to be repeated about once a week, in consequence of the rapid growth. There are also a number of operations performed on the lids for the cure of this trouble, which, besides not always being successful, leave a certain amount of disfigurement of the lids as a result. The operation which is most successful, and will, in time, I think, take the place of the others, is the destruction of the hair follicles by electrolysis. The method employed is as follows: Have your patient sitting in a chair, facing the light, with the positive pole of a galvanic battery in the hand, or it can be placed on any part of the body, then attach the negative to a needle-holder, containing an ordinary sewing needle, which is inserted into the edge of the lid, alongside of the hair down to the follicle, to the depth of about two lines. The current can be turned on after the needle is inserted, or it can be on before the operator commences. Use about ten cells.

While inserting the needle into the hair follicles, it is advisable to use a watch-maker's glass of about three-inch focus, which enables you to be more accurate in placing the needle into the follicle; if this is not destroyed the hair will grow again. After allowing the needle to remain in about half a minute, you withdraw it, and pull out the lash by a pair of forceps, and if it comes easily it is a sure sign that you have destroyed the root, and the hair will not return.

In one sitting you may be able to destroy only two or three; it depends on the patient's courage. If they will submit, you can operate on a dozen or more. The subsequent inflammation is not very great; the eye lids become somewhat swollen and reddened, but this readily subsides under cold applications and the administration of *aconite* internally.

By this method I have successfully operated on a number of cases, in which the lashes had been pulled about once a week for five or six years.

ON LATERAL SPINAL CURVATURE.*

By E. C. Franklin, M. D., St. Louis, Mo.

* * * The special means of treatment are *local applications*, *rest*, *mechanical extension*, *massage*, *muscular exercises*, and mechanical support and pressure.

Local applications applied to the back, by friction, cold and hot and medicated lotions applied alternately; rubbing, etc., will oftentimes produce benefit, especially in cases where there is loss of muscular tonicity and a tendency to paresis.

Veratrine is one of our very best remedies in the contraction of muscles producing the lateral spinal curve. Its effect upon muscular structure is modified according to the conditions which govern momentarily the excitability and especially the muscular elasticity. It may be applied *locally* by uniting it with *vaseline* and rubbing the part covering the morbidly excited muscles once or twice a day; or it may be internally used, but I like the former mode of applying it better.

Rest should be taken in a horizontal position upon a couch, after sufficient and regular exercise has been had for restoration of the physical powers. When not reclining, the patient should rest in a chair so formed as to fit into the natural lumbar curve of the back; this attitude prevents the subsidence of the spine, and holds up the shoulders, and tends to bring the dorsal muscles into play with benefit to the patient.

Mechanical extension is properly comprised under the head of those contrivances that are employed for restitution of the spine and overcoming the deformity. They have been already referred to to under the mechanical agencies recommended to overcome spinal deformities.

Massage.—This is one of the recent improvements of surgery, and is employed for the purpose of stimulating and restoring impaired functional activity, and to establish tonicity in the extrinsic muscles of the back. It consists of a series of rubbings and pressures systematically and regularly performed upon the depressed

* An abstract from the author's monograph.

muscular structure, and corresponds with the system of shampooing employed by barbers. I have found it beneficial in some cases.

Muscular exercises are employed for two-fold purposes, viz., to invigorate debilitated muscles, and to overcome the deformity of curvation.

The exercises which have already been spoken of for direct action upon the curves, have been, to a large extent, improperly employed, as the muscular exercises, when the arm of the affected side is on a plane higher than the other, have the tendency rather to increase than diminish the concave side of the curve, for the reason that the muscles upon that side are brought into greater action than those of the opposite side. Hence the action of the muscles being continued in this direction will increase the concave side of the curve, and at the same time more fully develop the arc of the curvature, and correspondingly increase the deformity. The *rationale* of this muscular exercise is to shorten the curves upon their convexities, and in cases of rotation of the spine to bring back the vertebræ to their proper position; variations must be made in these exercises adapted to the various forms of curvature, to suit the peculiarities of each case, and general exercise of the erectores spinæ muscles of both sides should be carried out in addition to the other exercises named.

MECHANICAL SUPPORT—If improvement is not satisfactory under the various kinds of muscular exercise recommended, recourse should be had to some mechanical appliance, which, while it sustains the position of the patient in as normal a position as possible, should permit free use of the muscles during ordinary occupations. This appliance should always be adapted by the surgeon himself, and not be left to any one who is not thoroughly posted in the use of the mechanism to be employed. I have elsewhere referred to the different kinds of mechanisms which I believe to be the most advantageous and beneficial, and having tried almost all of these ingenious contrivances, I willingly turn to my appliance of *dernier ressort*, and find relief in all cases when properly adjusted. This is either the plaster vest of my own improved method, or the silicate of soda jacket; the former I prefer in most cases, and unhesitatingly apply it, when I find myself surrounded by obstacles that have resisted all previous efforts.

CONSTITUTIONAL TREATMENT.—Internal treatment should be especially directed toward the patient's general health, with the view of removing the constitutional dyscrasia that exists, and upon which the local disease often depends. Thus, if the pathological condition depends upon a strumous, mercurial, or syphilitic taint, the duty of the surgeon is to rectify, if possible, the constitutional cachexy, by those remedies that are specifically adapted to the one or the other of these deranged conditions. If the disease depends upon scrofula, this being a consequence of mal-nutrition, those remedies which, acting upon the processes of digestion and assimilation, improve their tone and vigor, are the most appropriate. If syphilitic complication is a cause of impairment of the vital forces, those measures are to be employed that assist in completely eradicating the poison from the system.

If the patient is a woman, attention must be given to the condition of the uterine functions, and all irregularities be promptly corrected. The mammary glands are also to be protected from pressure by the vest when applied. It will be impossible, in the present paper, to give all the indications of remedies to be employed throughout the treatment of this affection and the various complications that follow in its train. The knowledge of the remedies to be prescribed will be gained by a careful and systematic study of the Materia Medica. The following I have found the most beneficial in such cases as have fallen in my hands: *Agar., angust., asafet., ars., aurum, agnus cast., bellad., china, calc. c.* and *calc. jod., carbolic acid, cimicif., cuprum, gels., guaco, hepar, hypericum, lachesis, ignat., lycop., kalmia, naja, merc., mezer., nat. mur., nux vom., nitr. ac., physos., phos., puls., rhus tox., silica, staph., sulph. tellur.*, and *verat. v.*

Asafœtida.—For caries in scrofulous subjects; after the abuse of *mercury;* ulcers with edges highly inflamed, accompanied by great sensitiveness; pus very thin, profuse and offensive.

Angustura v.—When sensations of jerking and twitching are felt along the spine like electric shocks.

Apis mel.—Bruised feeling in the lower portion of the dorsal or lumbar region; inability to sit down without increasing the pains in the lumbar and sacral regions; sensation of prostration; cannot grasp anything with certainty of holding it; paralysis and emaciation of the upper and lower limbs.

Arsenic.—Greatly oppressed breathing and anxiety; constriction and tightness of the chest, as if bound with a hoop; weariness in all the limbs; twitchings, tremblings, and violent startings.

Belladonna.—Severe cramps in the small of the back; lancinations from without inwards in the vertebræ, resembling stabs with a knife; fainting fits; furious delirium with dilated pupils; labored breathing. Patient worse in the afternoon and night.

Calc. c.—Stinging and cutting pains; can scarcely rise from his seat after sitting awhile; nausea, with bloating of the abdomen; weakness and emaciation; easily tired by bodily exertions, even by talking; leucophlegmatic temperament in fair, plump children; disinclination for work; peevish and restless mood, with anxiety and palpitation of the heart; swelling of the cervical glands; swelling and incurvation of cervical and dorsal vertebræ; drawing pain between the scapulæ; sinuses extending to the spine.

Calc. phos.—Cramp-like pain in the neck; pains and aches between the scapulæ; backache and pains in the lumbar regions; curvature of spine in the lumbar region; abscess near the lumbar region; tabes mesenterica; rachitis; open fontanelles; flabby, emaciated, shrunken children; disposition to furuncles and ulcers; peevish and fretful children, worse from bodily exertion; worse in the open air.

Cimicifuga.—Spinal irritation connected with uterine troubles; great pain in lumbar region; general twitchings of the spine; pains of the muscles of one side of the back, following spinal curvature; cramps of the cervical muscles on moving the head; sensitiveness of the spine in the cervical and dorsal regions; soreness of all the spinal muscles, severe pains in the back, shooting down the thighs and through the hips; violent aching in the small of the back; twitching of the spinal muscles producing curvature; alternate tonic and clonic spasms.

Gelsem.—In the early stages of the spinal trouble; weakness from exhaustion; confusion of the head; paresis of tongue and glottis; muscles feel bruised and will not obey the will; loss of voluntary motion; irritation of the spine; spinal exhaustion and pain along the vertebræ; posterior spinal sclerosis; paralysis of the muscles of the spine.

Ignatia.—Hyperæsthesia of the muscles of the back; spinal irritation with reflex symptoms in every direction; hysterical manifestations: lancinating pains in back and neck; spinal disease with *gressus gallinaceus*; pain in the back, increased from slight touch; pain along the back in small, circumscribed spots; great sensitiveness to a draught of air; especially suited to nervous and hysterical females of mild but easily excited nature; decreased sexual power.

Mercurius.—Griping pains in small of back; bruised pains in whole of back; partial sclerosis of the spinal cord; rheumatic stiffness of the back and neck; stinging pains in the small of the back with sensation of weakness; violent pains in the spine, worse from motion; tearing pains in the coccyx; bruised sensation in

the back and loins; blood coagulates easily, with congestion of the capillaries; diseases of the vertebræ with suppuration, especially if too profuse; emaciation with night sweats, that give no relief; great weakness, with tremblings from the least exertion; pains worse at night in the warm bed.

Phosphorus.—Pain in the back as if it were broken; paralytic weakness of the small of the back; sick and paralytic feeling along the spine; spinous processes of the vertebræ are very sensitive to touch, also the muscles on either side of the spinous processes; pain in small of the back when rising from a stooping position; burning in a small spot in the small of the back, better from rubbing; softening of the spine; progressive locomotor ataxia; pain in the coccyx, followed by pains in the cervical region; over-sensitiveness to external impressions; spasms of muscles on paralyzed side; formication and tearing in the muscles of the back: irritability of mind and body; excitable, and easily angered. It has been asserted by Danillo "that large doses of *phosphorus* produce central myelitis and extravasations along the whole length of the spinal cord; whilst smaller doses produce diffused myelitis, involving both white and gray matter. The morbid, nervous phenomena observed in *phosphorus* poisoning may be referred to one or other of these forms of myelitis. In acute *phosphorus* poisoning, hemorrhages occur in the central nervous system."

Rhus tox.—Numbness and stiffness of the muscles of the spine; inflammation of the spinal membranes; pains in the small of the back, better when lying upon something hard; curvature of the dorsal vertebræ; spinal muscles painfully stiff and lame, with tearing, tingling, and numbness; right side hemiplegia; soreness and stiffness, worse on beginning to move, and better from continued motion; fatigues easily and requiring rest again; intolerable itching of the skin.

Silica.—Lameness of the back; sensation of weakness and paralysis with pressure and tension, especially when touched; violent spasmodic pains along the back; inflamed psoas abscess; severe pains in the vertebræ, increased by pressure; heaviness in the lower limbs; faulty nutrition in lymphatic sanguine temperament; spinal paresis, with tenderness of the surface; constant aching in centre of spine, spinal irritation; spinal curvature to the right; aching, beating, throbbing in lumbar region; paralytic symptoms proceeding from the back; sense of great debility; wants to lie down; child slow in learning to walk; progressive locomotor ataxia.

Secale cor.—Tenderness of the lower dorsal and upper lumbar spinous processes; gentle creeping sensation in the back, with tingling, extending to the fingers and toes; pains in the lumbar region; "kink" in the back; spine diseases with *gressus vaccinus;* pressure upon the affected part causes pain in the part as well as through the chest; aggravation from every exertion or strain upon the spine; hyperæsthesia of the spine, with tenderness all along the column; lateral curvature in dorsal region.

Hypericum.—Spinal irritation with tenderness from the cervical vertebræ to the sacrum; frequent attacks of pain along the back following an injury to the spine; aching pain and sensation of lameness in small of the back; after a fall, slightest motion of arms or neck extorts cries; consequences of a spinal concussion.

Physostigma.—Congestive state of spinal cord with paralysis; stiffness of neck, with feeling and drawing of tension; weak back, unable to stand erect; pain with sense of stiffness running down the spine; inclination to bend the head forward (anterior and posterior curvature), difficulty of sitting erect; limbs weary, as if after great fatigue.

Zincum.—Spinal irritation with pains only while sitting; violent, long-lasting, aching pains in lumbar vertebræ, worse sitting; burning pains along the whole spine; stiffness and tension of the neck; tearing pains; twitching along the muscles of the spine; tension between shoulder blades; paralysis of the spine, with capillary congestion; debility of the muscles of the back.

A NEW METHOD FOR THE REPAIR OF PERINEAL LACERATION.—At the meeting of the American Gynecological Society (*Obstetrical Gazette*, October, 1883) Dr. Thomas Addis Emmet read a paper in which he expressed his disbelief in the doctrine of a substantial perineal body as a supporting body. In many cases of complete rupture the pelvic organs would still be found in their normal situation. In the operation for restoring the perineum, it was useless to carry the denudation so far externally as was often done. The author had used perforated shot with sutures of silk-worm gut, and had been pleased with the efficiency of this device. During the past year all his operations had been done by the method described, and which was, in brief, as follows: two transverse crescentic spaces were to be denuded—an outer crescent with the concavity looking backward, and an inner crescent with the concavity looking forward. To establish the situation of these crescents, three tenacula were to be employed. With two of these instruments the open mouth of the vagina was to be brought together by inserting the points at the level of the upper limit of the remains of the hymen, one on each side. The points thus seized would mark the extremities of the anterior crescent, and while they were held together with the instruments the third tenaculum was to be inserted in the posterior vaginal wall, in the median line, at a point that could be drawn forward to meet the two former without giving rise to undue tension. This point would mark the centre of the posterior crescent. The denudation having been effected, the two crescentic denuded patches were to be stitched together. This would have the effect of drawing the perineal tissues upward, so that the vertical rent in the median line would be much shortened, and could now be closed with a few sutures. The latter step, however, was not essential.

This process Dr. Emmet advocated as a simplification, enabling operators to effect repair who might be incapable of doing so by the ordinary operations.

ELECTRICITY IN DERMATOLOGY.—Dr. W. A. Hardaway contributes an article on this subject to the *St. Louis Courier of Medicine*, June, 1883, which concludes as follows:

"I will close by enumerating a few of the diseases of the skin in which electrolysis may be confidently employed, viz.: pigmented nævi, small fibromata, miliary nodules of lupus, sebaceous cysts, xanthoma (Fox), warts, cutaneous horns, and some stages of epithelioma. From certain observations that I have made in regard to the action of this means in hypertrophied scar tissue, I am inclined to look upon it favorably in keloid.

"In short, it may be confidently stated that whenever it is necessary to use a destructive agent on the skin—one that is readily managed, that causes no hemorrhage, and leaves few scars—there is none better than electrolysis."

VOMITING OF PREGNANCY.—Dr. E. M. Hale is said to have had complete success in the use of electricity in vomiting of pregnancy. He narrates a case cured in a lady who, in her former pregnancy, vomited for months until her life was despaired of. In this instance she commenced about the seventh week and was unable to keep the slightest quantity of food or drink on the stomach. Five daily applications of the induced current, the positive pole at the lower cervical and the negative at the epigastrium, completely arrested the vomiting, so that she could eat moderately from the first application. This agent is certainly worthy of a trial.

New York Medical Times.

A MONTHLY JOURNAL

OF

MEDICINE, SURGERY, AND COLLATERAL SCIENCES.

EDITORS:

EGBERT GUERNSEY, M.D. ALFRED K. HILLS, M.D.

Business Communications should be addressed "**Publishers, 526 Fifth Av.,**" and Checks, etc., made payable to the NEW YORK MEDICAL TIMES.

Published on the First of each month.

OFFICE, 526 FIFTH AVENUE, NEW YORK.

WM. B. WOOD, M.D., *Business Manager.*

NEW YORK, MARCH, 1884.

"*A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and* OUGHT *to be the* ONLY ACKNOWLEDGED RIGHT *of an individual to the exercise and honors of his profession.*"—Code of Medical Ethics, Amer. Med. Ass., Art. IV., Sec. 1.

Our practice is *not* "based on an exclusive dogma, to the *rejection* of the accumulated experience of the profession, and of the aids actually furnished by anatomy, physiology, pathology, and organic chemistry."

OLD AGE.

Whether the tradition which has come down to us of the long lives of the antediluvians, extending through hundreds of years, is true or not, there is no doubt that, if a man can escape the various forms of acute disease, with proper mental and physical hygienic care, life may be prolonged with such comfort as to be full of enjoyment past even four score years and ten. Dr. W. O. Dawson, in a recent number of *Knowledge*, has discussed the subject with a good deal of skill, and Mr. De Lacy Evans, as well as other writers, in recent investigations, have established some very interesting and valuable facts.

Anatomical research has demonstrated that the principal characteristic of old age is a deposition of fibrous, gelatinous and earthy deposits in the system. The slow but steady deposition of calcareous matter throughout the system is the real change which produces old age, seen in the failure of the heart's action, the stiffened limbs, impaired digestion, and wasting mental and physical powers. The calcareous deposits in the heart and arteries, causing partial ossification of the heart valves and arterial tissue, impede the circulation, and by shutting off the supply of blood necessary to nutrition produce mental and physical starvation and senile decay. The fibrinous and gelatinous accumulations of old age, the former being an oxide of albumen, and the latter an oxide of fibrine, deposited by the blood in the blood vessels and tissues, lessening the calibre of the vessels and diminishing their strength, leading to induration, are chiefly tracable to the chemical action of atmospheric oxygen.

It has been proved by analyses that human blood contains compounds of lime, magnesia and iron, and as blood is made from the assimilation of food, it is to the food we must look for the origin of those earthy deposits which give us the senile dementia and the decreptitude of old age. The earthy salts enter into almost every article of food, but in some to a much greater extent than others, notably the cereals and other nitroginized food. The careful researches of Mr. De Lacy Evans show that the following articles of food contain least of the earth salts: 1. Fruits, chiefly owing to their lack of nitrogen. 2. Fish and poultry. 3. Young mutton and veal. Old mutton and beef, from their age, contain a large amount of earthy matter. As old age approaches, and the necessity for active physical labor diminishes, we should naturally select the food containing the least amount of earthy matter, endeavoring at the same time to counteract the excessive amount of atmospheric oxygen, and as far as possible dissolve partially formed calcareous concretions. Recent investigations, especially those of Mr. De Lacy Evans, show that pure water, either distilled in retorts or in the laboratory of the earth, bubbling up pure and clear as crystal from certain springs, and dilute phosphoric acid, possess this power to a wonderful extent. The solvent properties of perfectly pure water is so great that it has a powerful action in dissolving and excreting those earthy salts which are blocking up the great blood vessels, and in preventing their undue deposit. It has seemed to us the wonderful power which such natural waters as, for instance, the *Clysmic*, have shown in their action upon fibrous and gelatinous deposits, in clearing the system of an excess of earthy salts in old age, and in their action in gout, rheumatism, fevers, diabetes and nephritic troubles, depends quite as much upon the solvent action of the great purity of the water as upon any purely medicinal action they may possess.

Phosphoric acid, by its great affinity for oxygen, checks the fibrous and gelatinous deposts which, as we have said, are an oxide of albumen and of fibrine, prevents the accumulation of earthy salts and aids in their elimination. The hypophosite possess a like action.

In conclusion, to retard old age and keep the mind fresh and vigorous to the last, as the sun of our life turns the meridian and descends towards its setting, keep up in a less degree than formerly, but still keep up some active physical and mental labor, avoid food rich in the earth salts, and take daily two or three tumblers of distilled water, or such natural water as the *Clysmic*, adding to each glassful ten or fifteen drops of dilute *phosphoric acid*. The brain will be clearer, the physical exertion less painful and difficult, and the close of life come more like the sun setting in a golden brightness than as we often see it, in clouds and darkness.

NEW YORK POST-GRADUATE MEDICAL SCHOOL.

This school has, during the past month, moved into the large and convenient quarters in East 20th st. The faculty is large, and each of the instructors is connected with one or more of the leading hospitals and dispensaries in the city. The amount of clinical material is, therefore, almost unlimited. During the past year over

sixteen thousand patients were utilized, illustrating almost every kind and variety of disease. As this school is intended only for educated physicians, graduates of medical colieges, most of them directly from the field of practice where they have studied disease by the bedside and watched the effect of treatment day by day, noting with careful eye the benefit, the evil effects, or the utter uselesness of drugs, there is but little chance for mere theorizing or dogmatic assertions unsupported by facts. Knowing they are speaking to intelligent minds would be a strong incentive on the part of instructors to present to them only ripe thought and thoroughly scientific conclusions.

From what we have heard of this school, its liberality and manner of instruction, we are strong in the hope that a school may be built up in our midst strong in scientific thought, rich in practical work and superior to any similar school in the world. To accomplish this, however, the instructors must get rid of the cant of sect and the intolerance of the schools, with a quick eye and a strong hand detecting and holding truth wherever it may be found.

MEDICAL LEGISTATION.

The annual flood of bills before the Legislature to make physicians behave themselves has come, and is now quietly ebbing away without having accomplished much either way. It is not likely, at this session, any bills will be passed, and matters will go on as they are for another year; then look out for another flood. We respectfully suggest to the medical Solons of the State, that this everlasting appeal to Herod to elevate medical education and protect the profession and the public is neither wise or dignified.

If, in this nineteenth century, the medical profession is not able to protect itself and obtain its just rights from the public and from each other through the unwritten law of the gentleman, self interest, and their rights as citizens, it speaks poorly for either their wisdom or their honesty; and yet, every year the profession comes, hat in hand, and with bended knee before the Legislature, asking for one law after another; at one time to protect the public, at others the profession, and occasionally in the mutual interests of both sides. These laws, it is not intended, are exactly what is wanted, but a kind of compromise with all sides, a little dust thrown into the eyes of legislators to blind them as to what is really wanted, while the wedge is quietly entered ready for a blow next year, until perhaps in twenty or thirty years we shall get what we might just as well have now for the asking—equal rights for all and the privilege to practice medicine under the laws of the State when certain conditions have been complied with, which conditions shall be the same for all.

We have no doubt the examinations of the different colleges are quite as stringent, with the exception of Materia Medica and therapeutics, up to which all the other branches lead, as they would be by a Board of Examiners, but in these two branches is found the antagonism between schools and much of the ill-feeling which has so long disgraced our profession. If every student for examination understood the principle of the action and application of drugs, as taught by the different schools now recognized by the State, we should have less of the clannishness and bitterness of jealousy which now exists. The licensing power, instead of being in the hands of factions ever warring upon each other, would be in a single body, and the various schools could address themselves in earnest to practical scientific instruction. Give us this equality in examination, and we will promise to take care of ourselves and keep out of the Legislature in future.

EXPERIMENTAL PHYSIOLOGY.

Prof. Tyndall, in a recent discussion of this subject, said:

"A few years ago the germ theory of communicable disease was held by only a few of the bolder and more penetrative minds. It now overspreads the entire field of medical thought and action. We cannot take up journal in which the etiology of disease is handled without being confronted by this theory; and the more it is considered, the more thoroughly is it seen to account for and reconcile the facts of clinical observation, and the surer is the light which it sheds upon the work of the physician and sanitarian. One of the most extraordinary and unaccountable experiences in medicine was the immunity secured by a single attack of a communicable disease against future attacks of the same malady. Small-pox, typhoid, or scarlatina, for example, was found, as a general rule, to occur only once in the lifetime of the individual, the successful passage through the disorder apparently rendering the body invulnerable. Reasoning from analogy, I have ventured to express the opinion that the rarity of second attacks of communicable disease was due to the removal from the system, by the first parasitic crop, of some ingredient necessary to the growth and propagation of the parasite.

"The cultivation of micro-organisms, which is now everywhere carried on, enables us to realize the smallness of the change which in many cases suffices to convert a highly nutritive fluid into one incapable of supporting microscopic life. Various important essays bearing upon this subject have been recently published in the *Révue Scientifique*. M. Bouley there draws attention to the results obtained by M. Raulin in the cultivation of the microscopic plant named aspergillus niger. The omission of potash from Raulin's liquid suffices to make the produce fall to one-twenty-fifth of the amount collected when potash is present. The addition of an infinitesimal amount of a substance inimical to the life of a plant is attended with still more striking results. For example, one part in sixteen hundred thousand of *nitrate of silver* added to the liquid entirely stops the growth of the plant. And now we come to the important application of this fact which has been indicated by M. Duclaux. Supposing the aspergillus to be a human parasite—a living contagium—capable of self-multiplication in the human blood, and of so altering

the constitution of that liquid as to produce death; then the introduction into the blood of a man weighing sixty kilogrammes of five milligrammes of the *nitrate of silver* would ensure, if not the total effacement of this contagium, at all events, the neutralization of its power to destroy life. An index finger here points out to us the direction which physiological experiments is likely to take in the future. In anticipation of the assault of infective organisms, the experimenter will try to introduce into the body substances which, though small in amount, shall so affect the blood and tissues as to render them unfit for the development of the contagium. And subsequent to the assault of the parisite he will seek to introduce substances which shall effectually stop its multiplication. There are the strongest grounds for hope that in the case of infective diseases generally such protective substance will be found."

The bacterial question in its pathological relations is discussed by Drs. W. B. and W. H. Kesteven, in the *Lancet* of October 27, 1883. They say, "The following conclusions from what has gone before appear to us to sum up the present position of the pathological history of bacteria, bacilli and micrococci:

"1. That specific differences of bacteria or bacilli, as belonging to different diseases, have not been conclusively demonstrated.

"2. That these organisms have not been found except in association, either directly or indirectly, with pre-existing disease of a degenerative nature, and that, therefore, they have not yet been proved to be primary agents of infective disease.

"3. That the probability of the origination of phthisis from germs in the atmosphere is contradicted by the immunity of large numbers of persons specially exposed to their agency.

"4. It is probable that these germs, reaching internal organs, may be the means of a salutary elimination of morbid matter."

HURRY, WORRY AND WASTE.

Attention is every now and again called to the many irresistible proofs which exist that there is something radically wrong in our modern mode of working. It is not overwork, but worry, that kills. Our men of brain might do a great deal more than they do, if only they were less feverish in their haste, less harassed by worry, and less wasteful of energy. We are all too much in a hurry in what we have to do. We have too many irons in the fire, too much business on hand at the same instant, and are far too energetic in our endeavors. With deliberation, calmness, and such reserve of strength as results from perfect restraint, a man may do an infinity of work without either trouble or injury.

The system of breathless haste and eager anxiety is rapidly undermining the human constitution. We are impatient for results. Statesmen and politicians are kept on the strain of sustained attention, and their brains are for many hours of the twenty-four in a state of ferment. The brains of speculators on the Stock Exchange, and even the brains of merchants in their private rooms, are equally taxed in the same way. All classes of the community share the turmoil. The period is one of brain-working impetuosity; of hurry, worry and waste—the waste of cerebral energy and nerve force. The higher nerve centres are kept incessantly at work, and become, as it were, overheated, so that it is impossible they should quiet or cool down in the brief period of time allotted to repose. Too often they do not rest even in sleep. The brain only dozes instead of sleeps, and, as a result, there are dreams of the recent day's work—that infallible sympton of impending mischief. The only marvel is that, looking to the utterly unphysiological character of our mental and nervous habits of work, the number of sudden failures is not greater than it is, and that we have not a larger percentage of brain mortality to deplore.

THE SILK CATHETER.

This catheter (as described in the *N. Y. Med. Jour.*, Jan. 12, 1884), is similar in form to the ordinary French or English instrument. Unlike either, however, it possesses the combined advantages of flexibility quite equal to that of the rubber catheter, a much greater durability than either the French or the English instrument, and an entire absence of the swelling after it has been used, which always renders the rubber one useless in a comparatively short time. The two latter qualities have been tested by the daily use for over six months of the same catheter in an individual case.

Another and very important quality is the extreme smoothness of the eye, which is woven (selvaged) in the catheter, instead of being punched or cut out, as in the ordinary ones.

As a drainage tube it is superior to those of rubber, in that it will not become brittle and break, as the rubber tubes are quite apt to do. The sizes range from 5 to 12, English scale, and can be obtained from Mr. W. F. Ford, of Messrs. Caswell, Hazard & Co., under Fifth Avenue Hotel.

THE "MIND CURE."

The discovery of a new principle in medicine is of interest to mankind in general, but particularly to physicians.

The so-called "mind cure" which has been the wonder of Boston society of late, on account of its success as a therapeutic means, cannot be claimed as new, excepting in its mode of application. From time immemorial there have been so-called healers who claimed to transmit force by means of the laying on of hands and a tricky glance of the eye.

The Boston mind-healer has invented a new method, and seats himself upon the floor back to back with his deluded subject, and through this connection claims to reach the nerve centres by a direct course.

For a small fee a patient may have his spinal column impinged by another, for an hour, and wonderful cures are said to be wrought by this means in Boston. We do not know whether this mode of treatment would

succeed in any other climate than that of Boston, or that the atmosphere has anything to do with it, but we suspect that it would require an amount of faith equal to a grain of mustard seed, on the parts of the patient, or else the "treatment" would fail to have any effect whatever.

ON VENTILATION.

Through the investigation of the sanitary condition of the public schools by the Board of Health, the community is startled by the statement that no school room which was inspected contained less than fourteen per cent. of carbonic acid gas, while with the windows closed in some instances it ran up to *thirty!*

In view of the fact that even ten per cent. of carbonic acid gas is considered highly dangerous to health, it is no wonder that parents hesitate to send their children for several hours each day into dens so charged with deadly poison.

It is a disgrace to the period in which we live that no more progress has been made in the matter of ventilation.

One cannot attend a school, a theatre, or other public place, without physical harm from the poisoned atmosphere.

A public room which is solely dependent upon open windows for ventilation will fail in being ventilated, because of the danger from draughts to those exposed to them.

We think it would be entirely proper for the Legislature to pass a law respecting this subject, placing the matter in the hands of the Board of Health, providing that every public building, whether for church, for school, for theatrical or for other public purposes, should be ventilated in a manner to make the premises as safe to public health as it is possible with known means. The public has a right to demand of its Board of Health all the protection which it is possible to have, and we know of no more important subject for such consideration than this insidious monster, carbonic acid gas, which is sapping our vitality without the slightest warning.

On the subject of carbonic oxide in the air of heated rooms, Dr. Max Gruber last year read a paper before the Bavarian Academy of Sciences, which, in a more extended form, has just been published in the *Archiv fur Hygiene.* Gruber finds that the method for detecting carbonic oxide which was proposed by Fodor is the most delicate of all, and capable of detecting as small an amount as one volume of carbonic oxide in 20,000 volumes of air, that is 0.05 in a thousand. From experiments conducted on animals and on himself he draws the following conclusions:

1. That there is a certain degree of dilution at and beyond which carbonic oxide produces no injurious effects upon the system, and this, probably, lies between 0.02 and 0.5 per cent. by volume.

2. That even the long-continued breathing of an atmosphere which contains carbonic oxide in such a state of dilution produces no accumulation of this gas in the body.

3. That carbonic oxide can be detected by Fodor's method when diluted far beyond the limit of injurious effect.

4. That even with the aid of this delicate method no carbonic oxide could be discovered in rooms which were heated by red-hot iron stoves and furnaces, and he further concludes that the use of iron stoves and furnaces does not involve the dangers to health which have been very generally supposed to exist.

ALBUMEN IN THE URINE.

The following are the conclusions of Chateaubourg on this subject; they are taken from Dr. Millard's book on Bright's Disease, and are the result of a great number of examinations made under the most favorable circumstances:

1. Albumen is found in the urine of the majority of healthy persons, more or less abundantly, and transient in its character.

2. Rest in bed has a clearly marked influence in diminishing the amount of albumen excreted.

3. Bodily fatigue greatly influences the production of physiological and transient albuminuria.

4. Intellectual labor augments with most people the quantity of albumen existing in the urine.

5. Cold bathing exerts considerable influence in increasing physiological albuminuria.

6. Sexual excitement and menstruation manifestly affect albuminuria in the healthy.

7. Albuminuria is as frequent in children as in adults, but the quantity of albumen excreted is less.

8. Digestion, if accompanied by rest, does not exert much influence upon physiological albuminuria.

HAS the *esprit du corps* of the medical profession so faded that many fear that if the members are not covered by trade union laws, their pretense will be exposed in all its nakedness? Many will remember the tale of the Emperor of China, on whom crafty weavers imposed, pretending to invest His Majesty with robes so fine that only the most cultivated eye could discern that he was clothed at all. The courtiers pretended to see the most beautiful garments, and as no person wished to be regarded as devoid of fine taste, everybody praised the airy nothing. But one day, meeting a little child, its truthful exclamation revealed to His Majesty that, beyond a doubt, he was naked and had been imposed upon. *Hic fabula docet.*

THE removal of the chronic female insane from the Ward's Island's Hospital is demanded by every day's observation of the facts. They cannot be cured. They turn a portion of what should be a hospital for acute diseases into an almshouse and asylum, an object never intended and altogether foreign to the best interests of the tax-payers. These cases should be removed, without delay, to some State asylum, or the Commissioners should use some of their *idle* funds and *erect* a suitable pavilion for these cases, forthwith.

OBITUARY.

DR. ELISHA HARRIS.

Elisha Harris, A.M.,M.D , Secretary of the State Board of Health, died at his home in Albany, Jan. 31, after an illness of about one week, of peritonitis, at the age of 60 years.

Dr. Harris was a native of Vermont ; was graduated from the College of Physicians and Surgeons, in this city, in 1849, and began practice here, where he lived until his appointment by Governor Cornell as one of the State Health Commissioners. His election by his associates as the Secretary of the Board then required his removal to Albany.

While a comparatively young man he served as a physician at Quarantine. During the war Dr. Harris took an active part, with the late Rev. Dr. Henry C. Bellows, in the organization and management of the National Sanitary Commission. He was the author of a medical history of the Commission, as well as of many pamphlets, and articles contributed to medical and scientific journals, upon sanitary topics, vital statistics, prison reform, etc. On the organization of the Health Department of this city, in 1866, he was appointed Registrar of Vital Statistics, and in 1869 was made Sanitary Superintendent, succeeding Dr. Dalton. In the following year, owing to political changes, Dr. Harris ceased to hold office in the Health Department, but in 1873 he was reappointed Registrar, and he continued to fill this position until 1877.

He was one of the chief organizers of the American Public Health Association, and was chosen its Secretary. At the last annual meeting of the Association, in Detroit, he read a paper before it on vital statistics. Dr. Harris was also the Secretary of the Prison Association, in whose objects he took a deep interest. He was connected with the Association for Improving the Condition of the Poor, and was a member of the County Medical Society, the New York Academy of Medicine, the Physicians' Mutual Aid Association, and the Society for the Relief of Widows and Orphans of Medical Men. He was either an active or honorary member of many other organizations, medical, scientific, or benevolent, in this country and Europe.

Dr. Harris was regarded as a high authority upon the subject of vital statistics, and in relation to sanitary matters generally. He was a man of simple habits, an advocate of total abstinence, and a remarkably industrious worker. His kindly disposition and notably courteous manners made him very popular with all classes of his extensive acquaintance. He was a practical philanthropist, and always generous in his expenditure of time, labor, and money for benevolent objects.

The death of this eminent sanitarian leaves vacant a position not easily filled.

To the State Board of Health his loss is irreparable. Earnest, devoted, unselfish to a supreme degree, Dr. Harris brought to the arduous duties devolving upon him all the energy and faithful self-abnegation that distinguished his professional career.

The efficient working of the Board was due to him, and his associates cheerfully acknowledge the fact.

With no selfish motives to serve, no personal ambition to satisfy, his labor was one of love. When those who knew and appreciated his intense devotion to the cause of sanitary reform urged him to work less, he repeated these lines :

"' Like as a star that taketh no rest, and maketh no haste, each man fulfilleth his God-given best '

A man of broad views, with no sectarian prejudice in his mind, simple as a child, yet learned in the wisdom that comes only from intense devotion to the cause of reform in hygenie, having for its object the good of humanity, this good man, in the zenith of his usefulness, has been called to rest.

We tender our earnest sympathy to his family, to the State Board of Health, and to the public at large, and desire to record our appreciation of his faithful, efficient and life-long service in the cause for which he labored.

At the thirty-third annual meeting of the Homœopathic Medical Society of the State of New York, held in Albany, February 12th and 13th, 1884, the following remarks were made by Dr. J. Savage Delavan, one of the Commissioners of the State Board of Health:

"MR. PRESIDENT: I rise to announce to the Society the already well-known tidings of the sudden death of my honored colleague, Elisha Harris, M.D., Secretary of the State Board of Health of New York.

"In the zenith of his fame as a sanitarian, a philanthropist and a scientist; when his mind, prepared by long study and close application, was as bright and capable of earnest work as in his younger days ; in the midst of his usefulness to the State and the Nation, he has been called from labor to eternal rest.

"It needs no words from me, Mr. President, to eulogize his memory. His life-work has stamped his name in lasting letters on the age, but the fact of his death being a public calamity to the medical profession and to the whole country, leads me to express the hope that this Society will take cognizance of his sudden departure, and in some fitting manner give expression to its sorrow.

"Dr. Harris was a man of broad views. Working for the good of mankind, he knew no school of medicine in the science of hygenie. Ever ready to acknowledge and recognize the aid given by members of all schools, with no code to bind him but the code of a gentleman and a Christian in his sanitary work—faithful, unselfish, untiring in his efforts to aid the great work of prolonging human life, his death leaves a void that cannot easily be filled. In view of these facts, Mr. President, I beg leave to offer the following resolution :

"' *Resolved:* That in the death of Elisha Harris, M.D., late Secretary and Commissioner of the State Board of Health of New York, the medical profession has lost an eminent and honorable brother; that his labors in the cause of sanitaay science have been unequalled by any member of the profession of his day, and that this Society desires to give public expression of their appreciation of his services in the cause of public health, and their sorrow at his death.'

"Such men, Mr. President, belong to no school; their lives are the property of all who labor for the good of the race. His life is finished, but his name will live for ever in the grateful remembrance of the people he has benefitted by his wisdom and his knowledge, and by his untiring devotion to the work of sanitary roform."

The resolution was adopted unanimously.

BIBLIOGRAPHICAL.

MANUALS FOR STUDENTS OF MEDICINE ; ELEMENTS OF HUMAN PHYSIOLOGY. By Henry Power. Illustrated with forty seven engravings. Philadelphia : Henry C. Lea's Son & Co.

The series of manuals now being published by Henry C. Lea's Son & Co. are all characterized by a clear and simple style, compressing within a small space the very pith and marrow of the subjects treated. Valuable as they must be to the student, the active worker in the field of medical science will find in them so much of general information that they will be more frequently consulted than elaborate treatises. This little manual gives a general outline of the physiology of man, but leaves out the details of structure, many of the tests for organic substance, and also many references to animal physiology, found in the larger text books. These will be found more fully treated in other manuals of the series issued by the same house.

LEGAL MEDICINE. By Charles Meymott Tidy, M.B., F.C.S., Vol. III.

The January issue of Wood's Library of Standard Medical Authors is Vol. 3 of Dr. Tidy's valuable book on

Legal Medicine. It discusses with numerous illustrative cases under each head, Legitimacy and Paternity, Pregnancy, Abortion, Rape, Indecent Exposure, Sodomy, Bestiality, Live Birth, Infanticide, Asphyxia, Drowning, Hanging, Strangulation and Suffocation. This volume contains the notes prepared for the author's lectures on Legal Medicine, delivered at the London Hospital in 1882, and shows an immense amount of careful research. Over eight hundred cases are quoted, rendering the volume a storehouse of positive facts from which conclusions can be drawn.

INTERNATIONAL ENCYCLOPEDIA OF SURGERY. A systematic Treatise on the Theory and Practice of Surgery, by authors of various nations. Edited by John Ashurst, Jr., M.D. Illustrated with chromo lithographs and wood cuts. In six volumes. Vol. IV. New York: Wm. Wood & Co.

The fourth volume of the Encyclopedia continues the discussion of injuries and diseases of various tissues, and begins the Surgery of Regions, containing articles on the Injuries of Bones, by John H. Packard, M.D. Diseases of the Joints, by Richard Barwell, F.R.C.S. Excisions and Resections, by John Ashurst, Jr., M.D. Excission of the Knee Joint, by George F. Fenwick, M.D., C.M. Tumors, by Henry Trentham Buttin, F.R C.S. Injuries of the back, including those of the spinal column, spinal membranes and spinal cord, by John A. Lidell, A.M., M.D. Malformations and disease of the Spine, by Frederick Treves, F.R.C.S.

The fourth volume of this great work is fully up in excellence to the preceding ones. Each subject is treated with fullness of detail and completeness of information, embodying the most recent discoveries and the most fully approved practice. The article by Dr. Lidell on injuries of the back and spinal cord is of peculiar interest and value, especially viewed in connection with concussions and railway injuries so common at the present day.

HINTS ON THE DRAINAGE AND SEWERAGE OF DWELLINGS. By Wm. Paul Gerhard, C.E. New York: Wm. T. Comstock, 6 Astor Place, 1884. 12mo, pp. 302. Price $2.00.

Our profession have much to do with the *effects* of imperfect drainage and sewerage, and, as a general rule, are sufficiently awake to the importance of the subject of which this little work treats. But there are comparatively few physicians, or even laymen, who are so practically acquainted with the *details* of construction and arrangement of the drainage, sewerage and ventilation of houses as to enable them either to detect a defect, or to advise in what manner it may be best rectified. And yet these principles are so clearly defined, these details so easily understood, that it is a very simple matter for any intelligent person to make himself acquainted with them. This is precisely what the author of this work has endeavored to do for his readers. It has grown out of a series of articles contributed by him of late to the columns of the excellent magazine known as *Building;* and while it does not pretend to be an *exhaustive* treatise on these subjects, it most certainly possesses a practical value which is far superior to many of the larger works on Dwelling House Sanitation. The author has wisely employed the *pencil* as well as the pen in the illustration of his subject. And when we state the fact that there are 282 illustrations (not old ones already used in other works, but mostly new, fresh and artistic) within the compass of 302 pages, it will be seen that suggestion and instruction are conveyed in the most direct and forcible manner. The scope of Mr. Gerhard's work may be best judged from the titles of some of his chapters viz.: Chap. 2.—*Necessity of Ventilation in Rooms containing Modern Conveniences; Defective Arrangements of Plumbing Fixtures.* Chap. 3.—*Soil and Waste-Pipe Systems as usually found in Dwellings,* Chaps. 5 and 6.—*Details of Traps and Systems of Trapping.* Chap. 9.—*Usual Defects of House Drains, Sewer Connections, Privy Vaults and Cesspools.* Chap. 10.—*Internal Sewerage as it should be in a Dwelling.* Chap. 11.—*Plumbing Fixtures: their Description, General Arrangement and Method of Caring for them.* Chap. 12.—*Removal and Disposal of Household Waste (both in City and Country Dwellings).* Now all these points are treated of briefly, but in the clearest manner possible, and illustrated by views showing defective methods, as well as perfect methods of construction and arrangement, also the most approved forms of fixtures, etc. There is throughout the book a remarkable absence of any "pet theory," or of the advertisement of any special "patent"—in short, it is a book which we should like to see upon the library table of every physician in the land. Having ourselves enjoyed in past years some official responsibility and experience in public sanitary work, we very fully appreciate the advantages which this little work of Mr. Gerhard's offers to any one who consults its pages. With this book and Dr. Simon's "Filth Diseases" in his library, we should consider any physician pretty well equipped in the practical sanitary literature of the day. H. R. S.

ABRIDGED THERAPEUTICS, founded upon Histology and Cellular Pathology, with an Appendix; Special Indications for the Application of the Inorganic Tissue-Formers. By W. H. Schüssler, Dr. Med. et Chir., Oldenburg. Authorized Translation, by M. Docetti Walker. Eighth Edition. New York: Gavin Houston, 42 Bleecker Street, 1884. 12mo, pp. 212.

We take sincere pleasure in calling attention to this, the second edition of Mrs. Walker's careful translation of Dr. Schüssler's valuable little work upon the Treatment of Disease by the Biochemic Measures—*i. e.*, the use of the inorganic tissue cell-salts, or the natural constituents of the human body, as remedial agents. Based upon the eighth (and last annual) German edition of Dr. Schüssler's work, this, upon which the editress has bestowed so much loving care, may be accepted as fully and fairly presenting the claims of this new form of therapeutics. It contains, in addition to very complete general and therapeutical indices and reference table, some thirty-six pages of new matter—being *clinical cases,* and occurring in the author's practice and in that of other practitioners in Germany and on the Continent. These cases will prove of great assistance to the student of this system, especially in view of the exceedingly terse and condensed form in which the Doctor presents his system of therapeutics to the medical public.

We are pleased to learn from the publisher, Mr. Houston, that the major part of this new edition in his hands was quickly taken up, especially by our Western *confrères.* The fact is that this system has quietly but rapidly gained the confidence of those who have tried it, and as might naturally have been expected, they are mainly to be found in the homœopathic ranks. Homœopaths seem always willing to look into the merits of a new thing. But among our friends of the Old School, both here and in Great Britain, there seems to be a "looking askance" at the Schüssler system, despite the fact that the *British Homœopathic Review* says, "We must decline to follow him;" and another homœopathic journal says, "This is not homœopathy." The "colored brother in the angle of the fence" is undoubtedly the little fact that Schüssler uses his twelve remedies in the form of the 3d and 6th centesimal triturations.

That scares them. But they lose a very good thing for all that, when they decline to look into the biochemic system of cure. H. R. S.

MEDICAL EDUCATION AND THE REGULATION OF THE PRACTICE OF MEDICINE IN THE UNITED STATES AND CANADA. Prepared by the Illinois State Board of Health and published by permission of the Board. Second edition, revised and corrected to January 15th, 1884. Ready in February. Complete in one handsome octavo volume, about 450 pp., fine muslin. Price, $3.50 net. Mailed postpaid on receipt of the price. W. T. Keener, publisher, 96 Washington street, Chicago, Ill.

So much interest attaches, at the present time, to the subject of medical education in this country, that the publisher was induced to apply to the Illinois State Board of Health for permission to publish a revised and corrected edition of the section from the forthcoming fifth annual report of the Board, entitled "Medical Education and the Regulation of the Practice of Medicine in the United States and Canada. This request the Board has acceded to, for the reason that the edition at the disposal of the Board will be entirely inadequate to supply the demand already made from every part of this country and from abroad, for a work which is encyclopædic in its scope, character and execution.

Contents.—Schedule of Minimum Requirements Entitling a college to Recognition; Laws Regulating the Practice of Medicine in the United States and Canada; Medical Institutions in the United States and Canada—Extinct and Existing—including Examining and Licensing Bodies; Medical Colleges—Existing: Their Organization; Course of Instruction; Requirements for Admission and Graduation; Fees; Number of Students; etc; Percentage of Graduates to Matriculants, etc.; Auxiliary and Post Graduate Schools; Colleges for Women Only; for Both Sexes; for Colored Students; Colleges Conferring Degrees at Summer Session; List of Colleges not Recognized by the Illinois State Board of Health; Summary and Tabular Statements.

A MATERIA MEDICA OF DIFFERENTIAL POTENCY. By B. F. Underwood, Ph.D., M.D., Professor of Diseases of Children in the U. S. Medical College of New York. Author of "Diseases of Childhood," etc. New York: A. L. Chatterton Publishing Co., 1884. Pp. 216, octavo.

It has been the aim of the author of this little work to arrange the symptomatology of the drugs of which it treats, in accordance with their dual action. We regret that he has felt called upon to make use of the term "potency," about which there is such a difference of opinion, for "dose" would have been better, saved controversy, and the book secured a wider reading, because it would have been shorn of a *bugbear* which is not material to its subject.

This effort is a start in the right direction, however immature and imperfect. The Materia Medica of the future has not yet been foreshadowed, but there is one thing certain, it must show the effect of drugs in different doses, and indicate the circumstances under which they should be administered for the various actions of which they are capable.

BACTERIA AND THE GERM THEORY OF DISEASE. Eight Lectures delivered at the Chicago Medical College. By Dr. H. Gradle, Prof. of Physiology, etc. Chicago: W. T. Keener, 1883. Pp. 220, octavo.

In this volume the author has covered about all that is known of the "Germ Theory" to this time, in a very readable and clever manner.

The methods of examining bacteria, propagation, duration of life, protective vaccination, the germicide treatment, surgical infections, etc., etc., are some of the subjects treated.

Whoever will keep up with the literature of this important subject must possess this book, and any one will be astonished at some of its statements.

A MANUAL OF OBSTETRICS. By A. F. A. King, M.D., Professor of Obstetrics and Diseases of Women and Children in the Medical Department of the Columbian University, Washington, D. C., and in the University of Vermont, etc. With fifty-nine illustrations. Second edition. Philadelphia: Henry C. Lea's Son & Co., 1884. Pp. 338, small octavo.

The aim of this little book is to furnish, in an intelligible form, an outline of the essentials of Obstetric Science for the use of the student and for the reference of the general practitioner. The text is concisely written and fully illustrated.

NORTH AMERICAN REVIEW.—Reputation with posterity has ever been esteemed one of the most powerful incentives to deeds of heroism; and one modern school of philosophy recognizes as the only true immortality of man, the enduring beneficent influence of his virtuous actions. If, however, the fabric of our civilization were seen to be tottering, it is plain that this particular stimulus to virtue would fail. But "Is Our Civilization Perishable?" The question is asked in the *North American Review* for March, by Judge J. A. Jameson, who considers the several agencies by which the overthrow of the existing civilization might be effected. In the same number of the *Review* there is an article on "Agricultural Politics in England." "A Defenceless Sea-board," by Gen. H. A. Smalley; "Neither Genius nor Martyr," by Alice Hyneman Rhine; "The Story of a Nomination," "Literary Resurrectionists," "How to improve the Mississippi," and "The Constitutionality of Repudiation," are all articles of exceptional interest.

THE MARCH CENTURY.—Von Moltke's portrait, which is a fine frontispiece, and the character portrait of Irving as *Hamlet*, lend a personal interest to the March *Century*. Each accompanies a striking article; Miss Helen Zimmern tells the remarkable story of the life of "Count Von Moltke" with anecdotal interest, and J. Ranken Towse contributes a pointed estimate of Henry Irving's dramatic art. An important essay discusses methods for "The Suppression of Pauperism," and there are, as usual, a great variety of interesting articles.

SOCIETY REPORTS.

ANNUAL MEETING OF THE MEDICAL SOCIETY OF THE STATE OF NEW YORK.

The Medical Society of the State of New York began its seventy-eighth annual session in Albany, N. Y., on February 5, 1884. Dr. Alexander Hutchins, of Brooklyn, President of the Society, occupied the chair, and in his inaugural address, elaborated views on the promotion of the interests of the profession and discussed matters connected with the interests of the Society.

Dr. Jacobi offered resolutions which were unanimously adopted, expressing the desire of the Society that Congress should provide a fire proof building for the museum and library of the Surgeon General's office, and for the prompt publication of the remainder of the catalogue of the library, and also for the future increase of the library.

Dr. S. O. Vanderpoel called the attention of the Society to the effort to raise a fund to erect a suitable memorial to Dr. J. Marion Sims, in the city of New York, and commended the project to their favorable consideration.

Dr. T. F. Rochester, from the Committee on Prize Essays, reported awarding the Merritt H. Cash prize to Dr. G. Durant, of New York, for his essay on "Tubercules of the Breast," and commending the essay on "Consumption," author unknown, as worthy of publication.

The following papers were then read and discussed: By Dr. W. C. Wey, on "Two Unusual Cases in Obstetrical Practice"; by Dr. J. B. Breveling, on "A Case of Double Hare Lip"; by Dr. D. Little, on "Prophylaxis of Summer Complaints of Children"; by Dr. A. G. Gerster, on "Canalization as Applied to Amputation of the Female Breast to Assure Primary Union Under One Dressing"; by Dr. O. D. Pomeroy, on "An Operation for Correcting Deformity of the Auricle"; by Dr. G. B. Fowler, of New York, on "Poisoning by Potassium Chlorate."

The Society then took a recess until three o'clock.

AFTERNOON SESSION.

The afternoon session was devoted almost entirely to the reading of papers and to discussions thereon by members of the Society. The following were then read: Dr. E. H. Parker, on "The Establishment of Hospitals in Small Cities"; by Dr. A. Jacobi, on "Congenital Lipoma"; by Dr. L. E. Felton, on "The Value of Electricity in Diagnosis"; by Dr. E. Vandewater, on "A New Method of Partial Extirpation of Cancers of the Uterus"; by Dr. T. R. Pooley, on "Orbital Cellulitis"; by Dr. Albert Vanderveer, on "An Operation for the Closure of Hard and Soft Palate, with Results"; by Dr. D. Webster, on "The Cause of Sympathetic Serous Iritis, with Remarks"; by Dr. L. Johnson, on "A Plea for the Pharmacopœia"; by Dr. Lewis, on "Horse-hair Sutures and Drainage."

The Secretary, Dr. J. G. Curtis, of New York, also presented the report of the Committee on Experimental Medicine, which was accepted.

An adjournment was then had until 8 P. M.

EVENING SESSION.

The evening session was entirely given up to the discussion of the code of medical ethics. The hall was crowded, over 250 being present. After calling attention to the fact that a member must be registered in order to vote, the president announced the purpose of the meeting.

Dr. Hodge called from the table the communication of the Ontario County Society, which was read.

The Society reiterated its allegiance to the national association, and directed its delegates to sustain measures conforming to the code of national ethics.

On motion of Dr. Piffard, the communication was ordered to be placed on file, and the secretary directed to inform the Ontario County Society that it could not adopt a by-law not approved by the State Society.

Dr. Baker, from the Niagara County Society, read a communication recommending that no change be made in the code without due consideration, and protesting against the action of the State Society in adopting the new code.

The communication was received.

Dr. Moore, of Rochester, moved that as Dr. Didama was absent his resolution be taken from the table and read.

Dr. Rochester, of Buffalo, moved the adoption of the resolution which repealed the action of the Society in 1882 and left in force the so called "old code." He thought such action would result in restoring unity and good feeling in the Society. The members should consider first the best interests of the profession and next the interests of the Society itself. He held that this State alone was in rebellion, and should have applied to the American Medical Association before adopting the new code.

Dr. Didama then entered and gained the floor. He read at length his remarks advocating a return to the old code. Forty out of sixty societies in the State, he held, disapproved of the action of the State Society. The adherents of the new code numbered less than one-third of the State Society, and less than one-fifth of the regular profession in the State. The Society could not afford to persist in such action. He called on the minority to give up their code and refer the matter to the national association for arbitration.

Dr. Roosa said it was originally the intention of the majority to allow the vote to be taken without debate. But in addition to the stereotyped arguments so often presented, another had been added. The threat was made that in case the old code was not again adopted, a new State society would be organized. This threat was brandished here to-night in the faces of the members. The opponents of the new code came with an olive branch in one hand and a hatchet in the other. This might be harmony after the teachings of the old code, but it was not after the manner of the nineteenth century. Letters had been received from the best men of many States, urging New York State to stand firm in shaking off the shackles of the so-called National Association, and promising that other societies would follow the example.

Dr. Moore asked permission to speak, and did so at length, concluding his remarks by reading an extract from a medical journal condemning the action of the State society.

The ayes and noes were then called on Dr. Didama's resolution "That all action taken at the annual meeting, in 1882, be repealed, leaving the code to stand as before." The resolution was lost by a vote of, ayes, 107; noes, 124.

Dr. Roosa then said he proposed to keep his promise of last year, and would second any motion to abolish all codes.

Dr. Jacobi made such motion, which was seconded by Dr. Perkins.

Dr. Roosa then read the "declaration of principles" proposed at the session of 1882, and Dr. Jacobi renewed his motion that it take the place of the new code, which is now the law of the society.

Dr. Agnew spoke at length in explanation of his position, holding that the State society would again be admitted to the national association when that association had imbibed American ideas

Dr. Furbeck also spoke in explanation and seconded Dr. Jacobi's motion.

After much discussion, the motion was withdrawn and the society adjourned until the next day.

WEDNESDAY.

Dr. Jacobi, of New York, presented the following resolutions:

That the State Medical Society deeply regrets the failure of the Legislature of last year to pass the bill for the protection of children employed in factory work, and commend the subject to the attention of the present Legislature, and hope that definite action will be taken, as it is of grave importance and deep interest to all humane persons.

Also, That a committee of three be appointed to advise with the President of the State Society for the Prevention of Cruelty to Children, relative to the securing of proper legislation to prevent the employment of children in factory work; especially of children suffering from certain diseases, and to preclude their being used in work injurious to health and dangerous to life and limb.

Adopted.

The Committee on Legislation reported, recommending that the bill known as Assembly Bill No. 120, "An act to establish the medical faculty of the University of the State of New York, to regulate the licensing of practitioners of physic and surgery, and to further regulate the practice of physic and surgery," receive the sanction of the Society, and that the Committee be authorized to urge its passage.

The bill in question provides that on or before the 1st of June next the Governor shall appoint the medical faculty of the University, to consist of nine members, who shall be authorized practitioners of physic

and surgery, not connected with any medical school or college which grants the degree of M.D., three of such members to serve for three years, three for four years and three for five years. It is made the duty of said faculty to examine all applicants for license to practice in the various branches of medicine and surgery, meeting for that purpose semi-annually. Power is given to refuse or revoke licenses. The faculty are to meet the second Monday of November next and organize. The bill also provides for registry of practitioners and penalties are specified for violations of the law or the making of false statements to secure licenses.

Dr. Hopkins offered a resolution that the law be adopted and the Committee on Legislation be instructed to advocate its passage.

A spirited discussion followed in which Drs. Hopkins, Loomis, Piffard and Jacobi took part.

Dr. Agnew offered a substitute that the report of the committee be recommitted with instructions to the committee to draft, introduce into the Legislature and advocate a bill to regulate the licensing of medical practitioners in the State of New York, and that four additional members be added to the committee for the purposes of the resolution.

The substitute was discussed and tabled.

THE GHOST AT THE BANQUET.

The tables were removed from the small dining-room of the Delavan House this morning, and the door leading therefrom into room No. 57 was opened and all converted into a council chamber. On the door leading from the hallway was the following hastily written on half a sheet of note paper: "New York State Medical Association."

In the improvised meeting room were seated in the neighborhood of seventy-five medical gentlemen who were presided over by Dr. H. D. Didama, of Syracuse, as temporary president, while Dr. E. D. Ferguson, of Troy, acted as temporary secretary. The secretary stated that this Association held a preliminary meeting on Monday night and effected its organization this morning. The doctors who thus formed themselves into a society still retain their membership in the State Medical Society, but their sympathies are in accord with the national code of ethics, and their object is the promotion of the medical interests. It was decided to permit all physicians in the State who are in good standing to become members. The minutes of the meeting will be printed and widely circulated throughout the State.

An agreement of the Association was then presented and largely signed. Dr. Vander Werker moved that a committee of three be appointed to secure a medical periodical in sympathy with their wishes and interests, which was carried.

Members from districts then met and presented a list of members to act on the nominating committee The members so selected retired.

Dr. H. O. Jewett asked concerning the standing of the County Societies in relation to this Association. The subject was informally discussed. No action was favored. The development of county organizations in accord with the Association was considered desirable.

Dr. Austin Flint, Jr., tendered the hospitalities of New York City for the next meeting of the Society, and the invitation was accepted.

Considerable discussion then followed as to the time for holding the first session. Some were in favor of having the session on the same date as that of the State Society. One doctor said that this was not desirable, as some might want to attend the meetings of the State Society. Another physician thought this should not be, because a great many persons would act under both societies.

Dr. Didama was of the opinion that it would be a good policy to hold the meeting at the time most acceptable to most of the members, and ignore the State Society. He said: "The New York State Society meetings which some of us used to attend will not bother us much hereafter."

Dr. Flint moved that it was the sentiment of the meeting that the first session of the Association be on the third Tuesday in November. Twenty-two doctors favored this proposition, while nine desired the first Tuesday in February. The matter was then suspended until the return of the committee deliberating in another room.

The Committee on Officers reported in favor of Dr. H. D. Didama, of Syracuse, for President; Dr. Ferguson, of Troy, for Secretary, and Dr. Hinton, of New York, Treasurer, and a council to consist of sixteen members. The report was adopted and its recommendations carried out.

The question on the first meeting was again brought up, and it was finally decided to hold it the third Tuesday in November, 1884, in New York City. The meeting then broke up amid the best of feeling, the Association having started off with a list of 65 names on its roll.

THE CLOSING DAY.

The ethical division of the Medical Society of the State of New York does not dismay the adherents of the new code. Of the original membership there remained with the parent association fully two-thirds of those in attendance. The proceedings of the Convention on the preceding day gave no sign of the excitement of the moment. The same night the assembled practitioners listened to an address by the president, Dr. Alexander Hutchins, of Brooklyn, on "The Reciprocal Attitude of the Medical Profession and the Community." He spoke in defense and exaltation of the exact science of medicine, whose purpose is to prolong the vital process and arrest the untoward influences which perpetually threaten its extinction. A reference was made to the progress of medical knowledge, and to the grand discoveries made in all its departments. Defining the profession of medicine, he said, that at its best and in its ideal condition, it includes a body of men who, instructed in the medical sciences, studious in the observation of bodily disorder, conversant with the normal types of bodily condition, expert in recognizing the tendencies to dissolution, and skilled in devices that alleviate and restore, offer to serve the community for a consideration. Dr. Hutchins advocated the choice by the community, through its law-makers, of an acceptable judicial body to decide as to the fitness of all candidates to assume the responsibilities, enjoy the honors, and reap the emoluments of professional life.

The following were elected officers for the ensuing year:

President, Dr. B. F. Sherman, of Ogdensburgh; Vice-president, Dr. P. R. H. Sawyer, of Bedford; Secretary, Dr. William Manlius Smith, of Syracuse; Treasurer, Dr. Charles H. Porter, of Albany.

A sign of the times was manifested in the cordial endorsement of the position of this journal upon the great questions of the day by the majority of the prominent advocates of the new code.

HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.

At the thirty-third annual meeting of the Homœopathic Medical Society of the State of New York, at Albany, February 12 and 13 last, the following officers were elected:

President—Edward S. Coburn, M.D., Troy.

Vice-Presidents—Henry C. Houghton, M.D., New York; H. M. Dayfoot, M.D., Rochester; A. P. Hollett, M.D., Havana.

Secretary—John L. Moffat, M.D., 17 Schermerhorn Street, Brooklyn.

Treasurer—H. L. Waldo, M.D., West Troy.

CENSORS:

Northern District—Drs. A. W. Holden, W. T. Laird, and D. E. Southwick.

Southern District—S. P. Burdick, F. E. Doughty, and H. Minton.

Middle District—N. B. Covert, M. S. Terry, and W. E. Milbank.

Western District—F. Park Lewis, Asa S. Couch, and T. D. Spencer.

The next semi-annual meeting will be held at Binghamton, Sept. 9 and 10, 1884, and the annual meeting at Albany on the second Tuesday and Wednesday of February, 1885.

A cordial invitation is extended by the Society to all friends of Homœopathy.

TRANSLATIONS, GLEANINGS, ETC.

THE THERAPEUTIC USE OF HOT WATER TAKEN INTERNALLY.

This is the subject of a very interesting article by Dr. Ephraim Cutter in *Gaillard's Medical Journal*. The article starts out with a *résumé* of the history of this therapeutic measure. It originated in 1858 with Dr. James N. Salisbury, who undertook a series of extended experiments with a view to demonstrating the correctness of the theory on the strength of which the practice is based. Its object is to remove from the stomach the results of processes complicating digestion, but not necessarily a part of it, the principal of these processes being fermentation. The results of fermentation in the stomach are acetic, butyric, hydrosulphuric, lactic and saccharic acids, and sulphide of ammonium vegetations and yeasts. The absorption of these gives rise to a variety of constitutional disturbances, which may even result in organic trouble, the seat of this organic trouble being the lungs, the liver and the kidneys, or other organs. It is probably generally well known, that Dr. Salisbury associates the absorption of these products of fermentation very directly with the causation of phthisis pulmonalis, and it is upon the assumption of this connection of cause and effect that he bases his well-known treatment of this disease by raw meat diet and copious washings of the stomach with hot water. Dr. Cutter is an enthusiastic disciple of Dr. Salisbury, and has done probably more than Dr. Salisbury himself to familiarize the profession with the latter's peculiar views and practices. The article gives explicit directions for the carrying out of this hot water treatment:

1. The water must be hot—not cold or lukewarm. The reasons for this are principally that cold water depresses, and that lukewarm water excites vomiting. By hot water is meant a temperature of 110° to 150° Fahrenheit, such as is commonly liked in the use of tea and coffee.

2. As to the quantity of water: The commencing amount should not be less than a half a pint, which amount must be gradually increased with the capacity of the patient, until the specific gravity of the urine stands at 1,015 to 1,020, the best standard of health. If on examination of the urine the specific gravity stands at 1,030 more hot water should be drunk. On the other hand, should it fall to 1,010, the amount should be decreased.

3. The time for taking hot water is an hour or two before each meal and half an hour before retiring.

4. The water should not be drunk too fast. It should rather be sipped, so that the stomach may not be so rapidly distended as to make it feel uncomfortable.

5. The length of time during which this hot water treatment should be continued is six months, this time being usually required to thoroughly wash out the liver and the intestines.

6. Should it be desired to add to the palatability of the hot water it may be medicated with clover blossom tea, ginger, lemon juice, sage, salt, and even occasionally sulphate of magnesia. Where the thirst is intense a pinch of chloride of calcium or nitrate of potash may be added.

7. The amount of liquid to be drunk at a meal should not exceed eight ounces. This amount should not be exceeded, in order that the gastric juice may not be unduly diluted, or the contents of the stomach prematurely washed out.

It is claimed that under this treatment the fæces become black, the discoloration being due to the washing of the bile down its normal channel. While this blackness may last for more than six months the fœtid odor of ordinary fæces is abated and the smell approximates that of the fæces of healthy suckling infants. The urine becomes as clear as champagne, free from deposit on cooling and free from odor. The various secreting organs are said to improve as to their functions and a general feeling of well-being takes possession of the hitherto overladen and consequently inactive body.

The following is a summary of the general conclusions on the therapeutical drinking of hot water as given by Dr. Cutter: He claims it to be the foundation for all treatment of chronic diseases. It excites downward peristalsis. It relieves spasm or colic of the bowels by applying the relaxing influence of heat inside the alimentary canal, just as heat applied outside the abdomen relieves. It dilutes the ropy secretions of the whole body and renders them less adhesive, sticky and tenacious. It is an inside bath. It dissolves the abnormal crystallized substances that may be in the blood and urine. It washes down the bile, mucus, yeast and waste, and thus leaves the stomach fresh and clean for the function of digestion. It promotes elimination everywhere.

It is necessary in conducting this treatment that the stomach should be rid of the hot water before meals, and this for reasons which are too obvious to require mention.

While we think it possible that Dr. Cutter has attached undue value to this means of cure, we cannot dispute the fact that the number of cases to which it is applicable is great. We should think it peculiarly applicable in the case of those who habitually gorge themselves, and whose systems are always overloaded with matter which the emunctory organs, constantly overtaxed, are unable to eliminate from the system. The thorough washing out which copious draughts of hot water would favor must be very beneficial in cases of this kind.—*Therap. Gazette.*

PARALYSIS FOLLOWING SIMPLE CATARRHAL SORE THROAT.—Dr. Lentz reports in the *Gazette Medical de Strasbourg*, for September 1, 1883, two cases of catarrhal sore throat followed by grave visceral lesions. In the first case there was albuminuria, and in the second, paralysis of the lower extremities and retention of the urine. From a study of the case he concludes as follows:

1. Simple catarrhal sore throat may be followed by grave phenomena, such as albuminuria or paralysis.

2. It seems to be in some cases the manifestation of miasmatic poisoning.

3. The paralysis is the result of a direct and specific action of the virus, upon which depends also the sore throat, and is not, as claimed by some, due to weakness following acute disease.

CAPSICUM IN PILES.—This Vidal regards as the best remedy in piles. He prescribes three or four three-grain pills daily, half at breakfast time and half at supper time. Under its influence congestion and all the painful symptoms which accompany it disappear rapidly.

A PERMANENT MARINE HOSPITAL.—The Chamber of Commerce and Maritime Exchange recently called the attention of the President to the absolute necessity for a permanent marine hospital at this port. The Marine Hospital Service is supported by the monthly fees collected from the sailors, and is under the supervision of the Treasury Department. New York being the largest seaport in this country, and the third or fourth great port of the world, it would be natural to expect that she would have a large and thoroughly equipped marine hospital service. Nearly all of our large ports and many of the small ones have commodious and well-appointed Government hospitals; but New York, where the largest amount of marine hospital fees is collected, and where the largest number of sick sailors receive attendance, has no such permanent hospital. Prior to 1879 the sick sailors who had paid their monthly hospital fees were sent to the various city hospitals, and the Marine Hospital Service paid the bills.

This method being found expensive, Congress, in 1879, gave permission to the Marine Hospital Service to occupy Fort Wood, on Bedloe's Island, until such time as the island should be needed for the Bartholdi statue. This temporary occupancy was terminated a few months ago, and the Seaman's Retreat, on Staten Island, was leased by the Government for two years at a yearly rental of $6,500, with the privilege of purchasing it at any time at an amount not exceeding the sum of $250,000, and of the water front at $30,000. The property is a valuable one, consisting of thirty acres or more of land, besides the hospital buildings, is near the Stapleton ferry, and Surgeon-General Hamilton advises its purchase, "it being the most desirable site for a marine hospital that could be found in the vicinity of New York." At the end of two years—May, 1885—New York will again be without a habitation or place to care for the sick sailors unless Congress shall make provision for them by the purchase of this or some other suitable site; hence, the Surgeon-General makes a special and urgent recommendation for the purchase of this site. The Marine Society will not hold it for a longer period, as they have several offers from private parties, and Congress should take early action.

We understand that the citizens of Staten Island are opposed to this movement and will make their antagonism felt through a petition to Congress.

SYMPTOMS OF GLAUCOMA.—In an article on the subject of glaucoma, in the St. Louis *Med. and Surg. Jour.*, September, 1883, Dr. F. B. Tiffany thus summarizes them:

1. Increased tension of the globe.
2. Rapid increase of any pre-existing presbyopia.
3. Venous hyperæmia.
4. Dilatation and sluggishness of the pupil.
5. Cloudiness of the aqueous and vitreous bodies.
6. Periopic dimness of sight.
7. Appearance of a halo of prismatic colors without a light.
8. Contraction of the field of vision.
9. Ciliary neuralgia.
10. Anæsthesia of the cornea.
11. Scotomata.
12. Arterial pulsation of the fundus of the eye and cupped disk.

BORACIC ACID NOT HARMLESS.—There is a case reported in *Schmidt's Jahrbucher* following the use of an injection of a four per cent. solution for chronic diarrhœa, and the *Med. Record* reports a death supervening upon its external use in an ulcer. The cases teach us that *boracic acid* is not so harmless as is usually supposed, and warn us to be cautious in its use, either pure or in such combinations as *borax*, *boro-glyceride*, or the food preservative which has been so extensively advertised in medical journals under the name of "Rex Magnus."

DARWIN ON HIGH ATTENUATIONS IN NATURE.—When Darwin made his wonderful experiments with the *salts of ammonia* upon the *drosera rotundifolia*, he found that by immersing a leaf in thirty minims of a solution of one part by weight of *salt* to 21,875,000 of water, the absorption by the gland being only the one-twenty-millionth of a grain, was sufficient to cause the tentacle bearing the gland to bend to the centre of the leaf. His consternation at this result was expressed in these words: "The fact, which appears truly wonderful, is that the one twenty-millionth of a grain of the *phosphate of ammonia*, including less than one thirty-millionth of efficient matter, when absorbed by a gland, should induce some change in it, which leads to a motor impulse being transmitted down the whole length of the tentacle, causing the basal part to bend, often through an angle of 181°. Astounding as is this result, there is no sound reason why we should reject it as incredible. Prof. Donders, of Utrecht, informs me that from experiments formerly made by him and Dr. De Ruyter, he inferred that less than the one-millionth of a grain of *sulphate of atropia* in an extremely dilute state, if applied directly to the iris of a dog, paralyzes the muscle of this organ. But, in fact, every time we perceive an odor we have evidence that infinitely smaller particles act on our nerves. When a dog stands a quarter of a mile to leeward of a deer or other animal, and perceives its presence, the odorous particles produce some change in the olfactory nerves; yet these particles must be infinitely smaller than those of the *phosphate of ammonia*, weighing the one twenty-millionth of a grain. These nerves then transmit some influence to the brain of a dog, which leads to action on his part. With *drosera*, the really marvelous fact is that a plant without any specialized nervous system should be affected by such minute particles. But we have no grounds for assuming that other tissues could not be rendered as exquisitely susceptible to impressions from without if this were beneficial to the organism, as is the nervous system of the higher animals."

In another place he says, again referring to the above experiments: "I know not whether to be most astonished at this fact, or that the pressure of a minute bit of hair, supported by the dense secretion, should quickly cause conspicuous movement. Moreover, this extreme sensitiveness, exceeding that of the most delicate part of the human body, has been acquired without the intervention of any nervous system."

Had Darwin been conversant with Hahnemann's experiments, or if his own experiments had reached into the domain of observing medicinal action in health and in disease on human beings, he would scarcely have held to his statement that the *drosera, devoid of a nervous system*, exceeded in sensitiveness the most delicate tissues of the human body."—W. P. WESSELHOEFT, in *N. E. Med. Gaz.*

COLLODION FOR WENS.—Dr. William B. Lamm (*Medical Age*) calls attention to the use of *collodion* as an application to wens, especially of the eyelids. He has succeeded in removing these troublesome little tumors in this way, by keeping the part well covered, in a short time, comparatively, without the least pain or inconvenience to the patient. The effect of this agent is, no doubt, by its equitable compression upon the tumor, producing absorption.

LOSING HIS MEMORY—M. Chevreul, now 97 years of age, has commenced a new course of lectures on organic chemistry, at the Paris Museum of Natural History. Speaking of some slight phenomenon, he said, the other day: "This fact was first mentioned to me in 1804, by a Leipsic student named Schamberger or Schomberger, I am not sure which; it is curious, but I am beginning to lose the memory of names."

FRUITS AS FOOD AND MEDICINE.—Of all the fruits with which we are blessed, the peach is the most delicious and digestible. There is nothing more palatable, wholesome, and medicinal than good, ripe peaches. They should be ripe, but not over ripe and half rotten; and of this kind they may make a part at each meal, or be eaten between meals; but it is better to make them part of the regular meals. It is a mistaken idea that no fruit should be eaten at breakfast. It would be far better if our people would eat less bacon and grease at breakfast and more fruit. In the morning there is an acrid state of the secretions, and nothing is so well calculated to correct this as cooling sub-acid fruits, such as peaches, apples, etc. Still, most of us have been taught that eating fruit before breakfast is highly dangerous. How this idea originated I do not know, but it is certainly a great error.

The apple is one of the best of fruits. Baked or stewed apples will generally agree with the most delicate stomach, and are an excellent medicine in many cases of sickness. Green, or half ripe apples stewed and sweetened are pleasant to the taste, nourishing, cooling, and laxative, far superior, in many cases, to the abominable doses of salts and oil usually given in fever and other diseases. Raw apples and dried apples stewed are better for constipation than most "liver pills."

Oranges are very acceptable to most stomachs, having all the advantages of the acid alluded to; but the juice alone should be taken, rejecting the pulp.

The same may be said of lemons, pomegranates, and all that class. Lemonade is the best drink in fevers, and when thickened with sugar, is better than *syrup of squills* and other nauseous drugs in many cases of cough.

Tomatoes act on the bowels and liver, and are much more pleasant and safe than blue mass and "liver regulators." The juice should be used alone, rejecting the skins.

The small seeded fruits, such as blackberries, figs, raspberries, and strawberries, may be classed among the best foods and medicines. The sugar in them is nutritious, the acid is cooling and purifying, and the seeds are laxative. We should be much the gainers if we would look more to our gardens for our medicines, and less to our drug stores. To cure fever or to act on the kidneys, no febrifuge or diuretic is superior to watermelons, which may, with very few exceptions, be taken in sickness and in health, in almost unlimited quantities, not only without injury, but with positive benefit. But in using them, the water or juice should be taken excluding the pulp; and the melon should be fresh and ripe, but not over ripe and stale.—J. S. WILSON, M.D., in *Southern World*.

ORAL PATHOLOGY.—A red line on the gums, with fetor and metallic taste, indicates ptyalism; a blue line, lead poisoning; great sponginess, with sloughing and great fetor, scurvy; a red line about the teeth and along the gums, periostitis; purple gums and purulent discharge, necrosis; gums hot, red, swollen, very tense, phlegmon; gums inflamed and soft, with fluctuation, alveolar abscess; swollen gums, fetid discharge, mucous patches, shallow ulcers under the tongue, eroded palate, eruption of mouth, skin and scalp, gums everted, fetid matter from necks of teeth, syphilis; a white-coated tongue denotes febrile disturbance; a brown, moist tongue, indigestion; a brown, dry tongue, depression, blood-poisoning, typhoid fever; a red, moist tongue, feebleness, exhaustion; a red, dry tongue, inflammatory fever; a red, glazed tongue, general fever, loss of digestion; a tremulous, moist and flabby tongue, feebleness, nervousness; a glazed tongue, with blue appearance, tertiary syphilis. — *Independent Practitioner*.

GLYCERINE VS. ALCOHOL IN THE TREATMENT OF ACUTE FEBRILE DISEASES.—Dr. Mariano Semnola, in an article on this subject in *Bull. Gen. de Therap.*, remarks as follows: Although the usefulness of alcohol cannot always be doubted, on the other hand it presents grave objections to its general use, by its exciting action upon the heart and brain, which sometimes renders the preëxisting condition worse, and brings about a cardiac catastrophe due to exhaustion of the heart consequent upon over-sustained excitement. This is not all. The gastric mucous membrane, already irritated, is made more so by the alcohol, and the digestion materially impaired. In consequence of this I have entirely abandoned it in my practice, and I have searched elsewhere for a substance that might answer the same purpose without any of its drawbacks. I selected *glycerine* for this, because I considered its chemical constitution warranted the supposition that as a substitute for alcohol it would afford to patients a better resistance against the exhausting action of the fever. My anticipations were soon crowned with excellent results.

I use *glycerine* diluted with water in the proportion of *glycerine*, 30 grammes; *citric acid*, two grammes; water, 500 grammes; or lemon juice to flavor. Mix. Of this I give about an ounce every hour. My rule for beginning its use is when the temperature reaches 104° Fah.

Sometime after the *glycerine* has been taken, the quantity of urea diminishes, in some cases to the quantity of ten grammes (℥ iiss) in the twenty-four hours, but generally only to that of five or seven grammes. Upon the suspension of *glycerine* the urea immediately increases in amount.

"CHLORACTHÉRINE" is the name given to an anæsthetic mixture proposed by Lennox Browne, and which has proved superior to the mixtures of *chloroform* and *ether* so far experimented with. It consists simply of one part of alcohol and two parts of *chloroform*. In order to make his combination more agreeable to the patient, Browne replaced the alcohol in it with *eau de Cologne*. Its action was rapid and very satisfactory—producing no complaints of the nausea or disagreeable feelings in the head that follow anæsthesia from ordinary *chloroform*. The alcohol mixed with the *chloroform* is said also to exert a much more sustaining influence on the heart than when it is administered by the stomach.

The method of employing "*chloracthérine*" is as follows: a small napkin is rolled into an inhaling cone, an opening being left, however, at the small as well as at the large end. The proper shape is maintained by the use of pins. Two grammes of the mixture are poured upon the lower end of this inhaler. After inhalation has gone on one minute, two more grammes are poured on the napkin. After another minute's inhalation, the opening at the top of the cone is closed for thirty seconds to prevent the entrance of air. At the end of the half-minute the patient is ready for operation, if the extraction of teeth is to be accomplished. If it is desired to perform a longer operation, the inhalation may be continued. "*Chloracthérine*" has been used successfully in the removal of a good sized tumor of the lower jaw. No accidents whatever have attended the use of this anæsthetic mixture. — *Progrès Médical*, October 13, 1883.

DOCTORS MUST NOT TELL.—The Missouri Supreme Court has decided that information obtained by a physician from a patient must not be disclosed on the witness stand, though the physician declares that the information was acquired while in a professional capacity, and was necessary to enable him to prescribe as a physician or operate as a surgeon. The Court held that it would not do, while the mouth of a physician is closed as to the talk of a patient, to open it as to knowledge acquired from his own diagnosis of the case.

APHORISMS IN REGARD TO THE TURKISH BATH.

Aphorism I. The Turkish Bath is the best and most efficacious of all baths, both in a hygienic and therapeutic point of view. It bestows, as nothing else can, perfect cleanliness, a sense of complete comfort and a wonderful power of resistance to variations of temperature. The skin of the entire body acquires from its frequent use an astonishing vitality, analogous to that possessed by the surface of the hands and face, always exposed to the air, yet never feeling cold.

Aphorism II. The Turkish Bath, in its combination of heat with cold water is the *perfection of hydrotherapy*. It possesses threefold remedial powers, at once *depurative*, *derivative*, and *tonic*, so that most chronic affections which resist ordinary remedies are advantageously influenced by it. Such are *rheumatism* and *gouty affections*, *visceral engorgements*, the *strumous and syphilitic diathesis*, *obesity*, etc.

Aphorism III. The skin is to man what the foliage is to the tree—a vast external lung, with millions of pores, of glandules and of papillæ, and an immense net work of arteries and nerves. It is the *complement* and *supplement* of the internal lungs. With the aid of the Turkish Bath the skin breathes and transpires in place of the lungs. Thus is explained its efficacy in the treatment of *laryngitis* and *bronchitis*, in arresting *pneumonia*, and in modifying the course of *catarrhal* and *tubercular affections*.

Aphorism. IV. The mucous membrane of the digestive passages, and of all the internal ducts, is simply a prolongation of all the internal cutaneous tissue, from without to within; at the external openings the skin becomes thin, the *epidermis* changes to *epithelium*; there is, therefore, both analogy of organization and anatomical continuity between the skin which covers the body and the entire mucous system. Modifications in one portion of a system influence the entire system. The external skin, modified by the Turkish Bath, bebecomes the modifier of the internal skin, that is to say, the modifier of the *digestive*, *urinary* and *genital systems*.

Aphorism V. Winter and autumn diminish the activity of the cutaneous functions and harden the skin. Hence, at the fall of the leaf, in all cold and damp countries, there occurs an exacerbation of all the catarrhal affections of the *bronchi*, the *kidneys* and the *bladder*. The Turdish Bath acts in the inverse ratio of winter and of dampness; the heat of the bath is an artificial warm and dry climate at every one's door.

Aphorism VI. Old age, by reason of the progressive predominance of the carbonaceous elements in the economy, the increasing rigidity of the capillaries, and the consequent diminution of the secretions, concentrates the peripheric circulation of the body in the interior of the splanchnic cavities and vital organs; hence result *wrinkles*, *gray hairs*, *baldness*, *harshness of the skin*, *apoplectic tendencies*, *stiffness of the joints and fragility of the bones*; in short, all the attributes of old age, terminating in one step further, decrepitude. The Turkish Bath, by means of an active inverse movement of the circulation towards the surface of the body, imitates youth, restores elasticity to the movements, vigor to the functions, and mirth to the countenance.

Aphorism VII. There is no true disease without fever, mild or acute, apparent or latent. There is no fever without an alteration in the skin in respect to its circulation, its sensibility, its temperature, and its power of inhalation and absorption. Now, since the Turkish Bath acts efficiently on all these functions of the skin, it follows that there is no true disease in which the Turkish Bath may not be either the sole remedy or a part of the remedial process.

Aphorism VIII. The Turkish Bath is eminently a *tonic*. By means of massage, frictions and varied exercises, it re-establishes functional equilibrium in those who are overwhelmed with brain work and do not have sufficient exercise—men of letters, judges, journalists, bankers and members, in fact, of all sedentary professions.

Aphorism IX. The Turkish Bath is a complete regulator of the organic functions. By the abundant transpiration which it causes, it controls the balance of the economy in those who are too much addicted to the pleasures of the table just at the time of life when the withdrawal of the accustomed demand of daily duties upon the system ought to impose the greatest moderation. This caution concerns especially merchants and tradesmen withdrawing from active business, and retired officers.

Aphorism X. The Turkish Bath is sedative and restorative in its action; by its equalizing effect on the circulation it restores the strength exhausted by a long walk, a sea voyage, or a trip by rail, by protracted loss of sleep, and by excesses of every kind, whose morbid effects are reflected upon the nervous system. Hence its importance to tourists, sportsmen, athletes and artists.

Aphorism XI. The Turkish Bath is depurative and reconstructive. By its abundant sweats and by a more perfect and more prompt assimilation of food it modifies constitutional disorders, such as *rickets*, *scrofula*, *anæmia*, *malarial*, *herpetic* and *syphilitic diatheses*, *mercurial* or *metallic poisoning*, and the *lymphatic* temperament, the first cause of scrofula and consumption. The complement of the Turkish Bath in these conditions is a wholesome and substantial diet, a *régime* which is rendered attractive by improved appetite and digestion.

Aphorism XII. The Turkish Bath is the adjuvant of all other remedial baths. It facilitates the absorption of mineral waters at every season and in all climates. Wherever the water cure is indicated the Turkish Bath may advantageously be substituted for it. It is none the less an efficacious remedy because it is a luxury, like a cool bath in midsummer, or an iced drink in the heat of the desert.—Dr. Ch. Depraz; trans. in *Medical Bulletin*.

Stigmata Maidis in Gonorrhœa.—Leo Bennett (*Ther. Gaz.*, Sept., 1883) says: "It is due to the drug, as well as to my brother practitioners, that I report the unusual success I have had for several months in the treatment of gonorrhœa by fluid extract of corn silk (*stigmata maidis*). To me the treatment was quite novel, while it has been a great comfort to my patients to have their cases entirely relieved within a week, and very often in three days. In the cases in which I employed it, I depended alone upon the corn silk, and of course made no error in attributing success to that drug. A half-teaspoonful to a teaspoonful of the fluid extract three times a day will prove effectual in male or female."

Opposition to Homœopathy in Austria.—According to the Austrian papers, a medical man, named Schmidt, left a sum of $12,500, some years ago, for the purpose of establishing a chair of homœopathy at the Vienna Medical College. The Minister of Public Instruction invited Professor Seidelmann, a short time since, to report upon the technical value of homœopathy. His somewhat lengthy treatise expresses the opinion that the teaching of homœopathy at the institution in question would be unworthy of the present situation of medical knowledge. Acting on this report, the Government is said to have refused the legacy, the ultimate disposal of which is now a matter of some uncertainty.

THE MENTAL CONDITION OF CERTAIN DIABETICS.—In some subjects of diabetes, states *Le Practicien*, certain changes in the moral nature are so marked as to point to a correct diagnosis before an examination of the urine has been made.

A young man who, in consequence of this disease, has lost his virile power, will state the fact of his impotence to his physician with a sort of indifference very different from the anxious fear displayed by the hypochondriac under like circumstances. At a more advanced stage of the disease, when the quantity of sugar in the urine is considerably augmented, the mental state changes. The patient becomes sad, and is the prey of hypochondriacal forebodings. His character changes; from being free and open-hearted, he becomes morose and moody, speaks but little, and smiles less.

He becomes parsimonious, and tries to cut down the expenses of his household; begins to keep exact accounts, calculates his resources, and declares that he is ruined, and that his family will die in the poor house. The man of middle age, who, without apparent cause, and without exhibiting any other mental disturbance, becomes all at once avaricious and presents delusions of rapidly approaching financial ruin, is, most frequently, a diabetic. If these melancholy forbodings continue, and if, on examination, the presence of sugar in the urine is established, the chances are that the patient will end his life by suicide. In the later stages, after the disease has existed for some length of time, still another mental condition is noted. The patient is lazy, and wants to be let alone; he will spend hours sitting in his arm chair, or lying on his lounge in a state of complete mental and bodily inactivity; his mind is clear, and his intelligence is unimpaired, but he is apathetic, he has no desire to walk, or to talk, and seeks no occupation. Later, while preserving all his mental faculties intact, he begins to indulge in soliloquy, and relates incidents and recalls old memories to himself in an undertone. Finally, he falls into a state bordering on marasmus, and is carried off usually by that most grave of the complications of diabetes—pulmonary phthisis.

PTOMAINES.—R. N. Wolfenden concludes an article on the cadaveric alkaloids, in the *Lancet*, with the following summary:

1. There are developed in the body, *post mortem* poisons of an alkaloid character, and which can be obtained also by decomposition of albumen, peptone casein, muscle, brain, etc. Moreover, they seem to be present in some normal secretions of saliva and urine.

2. These cadaveric alkaloids may be mistaken, *post mortem*, for vegetable poisons administered with evil intent, but if the body be examined within twenty-four to forty-eight hours after death, any alkaloid there found would be strong presumptive evidence of poison and not ptomaines. After a couple of days it would be a matter of doubt.

3. There is no satisfactory test surely indicating the presence of ptomaines. Physiological characters must be taken in conjunction with chemical tests.

4. Probably the production of ptomaines within the living body may be a pathological cause of many obscure conditions, especially those following on poisoning by food, such as stale fish, etc.

HAY FEVER.—Dr. Carl Seiler says that all sufferers from hay fever invariably have hypertrophic nasal catarrh, and if during the winter you remove the hypertrophies with a dental drill or the cautery knife, the hay fever will not return during the summer. The anterior end of the nares is not at all sensitive, and the septum of the nose may be deflected at this point without producing any more symptoms than those caused by the occlusion of the cavity, while the posterior and middle parts are very sensitive.—*Medical and Surgical Reporter.*

BICHLORIDE OF METHYLENE USED IN A JUNKER'S INHALER.—In a *brochure* with the above title Dr. John H. McIntyre, of St. Louis, sets forth the superiority of this anæsthetic agent, used in a Junker's inhaler.

Bichloride of Methylene was discovered by Regnault, in 1840. It is a colorless liquid, with an odor like *chloroform*, containing one equivalent less of *chlorine*, boiling at a lower temperature and more rapidly eliminated from the blood. There are no disagreeble head symptoms, and vomiting is rare. Sir Spencer Wells has used it over 1,000 times without any ill effects, and Dr. McIntyre has used it over a year with equally good results.

Junker's inhaler is made by Messrs. Krohne & Sesemann, No. 8 Duke street, London, and consists of these parts: A ℥ij bottle graduated for ʒ viij, with an air-tight top through which two tubes pass, a long one connected with a Richardson's bellows, and a short one connected by an India rubber tubing to a vulcanite face-piece, which covers nose and mouth, and which has an inspiratory and respiratory valve.

When used, four-sixth drachm of a *methylene* are put into the bottle suspended from the administrator's coat. By pressure of the bellows, 4.332 cubic inches of fresh air are forced through the long tube and escape impregnated with the vapor through the short tube into the face-piece, where it is inhaled.

The benefits of the apparatus are: the patient never breathes expired air and never breathes through the inhaler; the supply is regulated by the pressure of the bellows and the amount of fluid in the bottle, and without any waste; the *maximum* amount of narcotic vapor with each inspiration, and the total amount given during the administration can be known to a minim; as compared with other methods less than half the quantity of the anæsthetic is used, and a saving of over seventy per cent. compared with Esmarch's or Skinner's inhaler's; safety of administration; avoidance of the struggling stage, by allowing the free ingress and egress of air, and over-rapid narcotism; the avoidance of vomiting; the administrator's complete control over the anæsthetic, furnishing the patient with fresh air and fresh vapor with each inspiration, and finally, a rapid return to consciousness.

THE COMMON DISEASES OF CHILDREN.—Dr. R. L. Moore read a paper on this subject before the last meeting of the American Medical Association (*Ass. Jour.*, October 6, 1483), which concludes as follows:

"One of the watchwords in treating children is 'Elimination.' Don't lock up the secretions. Give Nature, that grand old mother, a chance. Very rarely should *opium*, or any of its preparations or derivatives, be used in the treatment of children. He who abides nearest to this rule will always have the best success in treating them. Look after them closely. Stand by the small and frequently-repeated doses of tasteless medicines. Never forget that a sick child is always dangerously sick."

POISONING BY BISULPHIDE OF CARBON.—Two cases associated with insanity are published in the *Pacific Medical and Surgical Journal*. The *carbon bisulphide* seems to have been inhaled very slowly; some forty or fifty pounds having evaporated, but in what space of time we are not told. The two sufferers were brothers, without taint of insanity in the family, and both of them exhibited a form of insanity associated with murderous intent. Dr. Baird, who had charge of the cases, and who advances the theory that the insanity was due to the *bisulphide of carbon*, also states that a manufacturer of the article in Los Angelos, developed similar propensities.

THE PREVENTION AND CURE OF SEASICKNESS.—J. Hering Bennett, M.D. (*British Medical Journal*, August 11, 1883), communicates his own personal experience in preventing seasickness, from which he had been a great sufferer in his early life whenever he was compelled to take a journey by sea. He discovered by accident that two cups of *café noir*, taken, with sugar only, an hour or more before embarking, entirely prevented the expected attack of seasickness on the occasion of a very stormy voyage. Subsequent investigation on himself and others has led him to the conclusion that coffee, if taken according to specified directions, will entirely prevent seasickness on short voyages.

By following this plan he has himself enjoyed immunity from seasickness for twenty-five years. Moreover, scores of his friends and patients have found the plan equally effective. It is as follows: The coffee used must be of good quality. A medicinal infusion of about an ounce and a half, made by boiling for ten minutes in four ounces of water, will furnish a dose of about the requisite quantity and strength.

It is to be taken about one hour before the voyage is begun, if sugar alone is added; if milk also is used, it must be taken about two hours and a half before leaving. The object is to ensure its entire absorption, and to leave the stomach empty when the start is made. Furthermore, the coffee should be taken on an empty stomach. However, to prevens exhaustion, a nutritious but easily digested meal should be taken long enough beforehand to be well out of the way when the time arrives for taking the coffee. A full stomach at the beginning of a voyage, if there be any predisposition to seasickness, tends rather to cause than to prevent an onset. And the failure of remedial agents taken by the stomach is due to the inability of that organ to absorb them after the malady has begun.

On longer voyages it is well to take the coffee as above described, and then to lie down. The action of the coffee will last for eight or ten hours, and during this time the system may become accustomed to the motion of the vessels.

No food, liquid or solid, should be taken until there is a feeling of hunger or thirst. For the latter, a mineral water, soda or Apollinaris, with or without champagne or brandy, may be supped.

For hunger, *café au lait*, alone or with a little bread, may be taken, or other articles of food that have been recommended may be tried, for instance, curry.

According to the experience of a naval surgeon, the best means of controlling confirmed seasickness is the constant drinking of lukewarm water. This is placed in quantity within reach of the sufferer, who is to drink half a tumbler when the sickness comes on It is immediately thrown up, but easily, and by and by calm comes.

CHLOROFORM ADMINISTRATION—A CAUTION—Dr. R. Hanson Wolstenholme writes in the *Lancet:* "While administering *chloroform* recently, for a friend, the patient began to retch, and, in doing so, detached a small set of teeth, which through carelessness, I was not aware she was wearing. Fortunately, I was able to remove them before any mishap occurred, but the 'shock' I got will be of service in the future. I have looked into two or three books under the above heading, but do not find any caution about this very obvious danger."

DAMAGE TO THE HEART FROM THE INHALATION OF NITROUS OXIDE.—Dr. W. Ottley records a case in which an existing vulvular lesion was unfavorably influenced by the administration of *nitrous oxide gas*. This case is interesting from its rarity, the gas having been given indiscriminately with surprisingly few accidents. —*New York Medical Journal.*

COLD WATER PACK IN PNEUMONIA.—Dr. Edward H. Sholl, of Birmingham, Ala. (*Medical and Surgical Reporter*, December 8, 1883), gives the history of his treatment in two cases. The first was that of a mulatto girl, fourteen years old. "As to medical treatment, it may be suffice to say that up to the seventh day all the ground that could be measured out, save blood-letting, had been carefully covered, and in vain. Temperature ranged from 105° to 106⅘°; pulse and respiration rapid; expectoration characteristic, and the case seemingly hopeless. A lounge was prepared in which a heavy double blanket, well soaked with the coldest water to be had, was laid. In this, the clothing being removed, she was carefully and thoroughly rolled and packed, and over this another pair of wet blankets were placed. Immediately the shock gave rise to violent paroxysms of coughing, with abundant expectoration of rusty-colored sputa. In less than thirty minutes the temperature had fallen a degree, the restless, tossing girl had become quiet, and in one hour she was sleeping a gentle, undisturbed sleep. The mistress of the house, an intelligent lady, made repeated observations of the temperature, had the cold water poured on as freely as was necessary, watching the pulse, one hand being left out, and at the end of seven hours, according to my directions, she was taken out of the pack, carefully dried, put back in bed to rest, and from this time on she continued to steadily improve. The tempera ture never came back to its old height. Convalescence was as rapid as could be expected, thus happily terminating a case about as far removed from the possibilities of recovery as is ever seen."

The second case, a boy of seven years, had a similar history of symptoms of the gravest import, was treated in the same manner, and made an equally prompt and perfect recovery. These results at least show that the process employed does not add anything to the perils of a grave case, and very probably promotes decidedly the chances of restoration.

A NEW HAIR-DYE.—M. Naquet describes, in the *Moniteur Scientifique*, a dye which is said to have a progressive action, to produce all shades up to a deep chestnut color, and yet to be free from all deleterious action. The base of the dye is *bismuth*. The following is the formula: *Bismuth* is dissolved in the smallest possible quantity of *nitric acid*—nearly three parts—and to this liquid a solution in water of *tartaric acid*, equal in weight to one-fourth of the *bismuth* used, is added, and then a large quantity of water, so as to insure thorough precipitation of the *bismuth*. The precipitate is filtered off, and washed with water until the washings have lost all acidity. The precipitate is dissolved in a solution of *ammonia;* and for this, rather more than a fluid ounce of solution of *ammonia* will be required for each ounce of *bismuth* used. *Hyposulphite of soda*—three-fourths of the weight of the *bismuth* employed—is then added, and, when the salt is dissolved, the mixture is filtered, and preserved in well-closed bottles. The dye should contain about one-twentieth of its weight of *bismuth*. Such a mixture is said to form an admirable dye, which loses *ammonia* on exposure to air, and deposits *sulphide of bismuth.—Brit. Med. Journal.*

THE DIGESTIBILITY OF LOBSTERS.—Dr. Norton Folsom (*Bost. Med. & Surg. Journ.*) thinks, from his experience at the Taunton Lunytic Asylum, that lobsters, if fresh and well boiled, are a wholesome food for all without a special susceptibility against them.

PRECAUTIONS AGAINST LEPROSY IN SAN FRANCISCO, —The sanitary news stated that the quarantine officer at St. Francisco is quarantining every vessel arriving in port having a leper on board. The vessel is released only upon the captains giving a bond, undertaking to return such leper.

CAUSE OF VERTIGO.—Dr. Edward Woakes (*British Medical Journal*, April 18, 1883) has adduced strong evidence to show that vertigo is essentially *auditory* in its seat. "The weight of experimental evidence," says he, "conclusively justifies the assumption that the function of equilibration resides in the semicircular canals, and that interference with this function produces the phenomena of vertigo." The causes which disturb this function are placed by him under two heads. The first class includes alterations of tension, *plus* or *minus*, of the fluid contained in the semicircular canals, produced either by direct pressure due to local ear disease, or induced by reflex vaso-motor influences, or by both these causes combined. The second class embraces such intra-cranial diseases as irritate or disturb the nerve of the organ, and are thus central in their origin. The internal auditory branch of the vertebral artery is the chief source of blood supply to the labyrinth. The vertebral is under the control of the inferior cervical ganglion, which has afferent nerves from the pneumo-gastric, that is, to which impressions are conveyed from the stomach, liver and lungs. This relationship will explain the cause of gastric vertigo.

THE RÔLE OF SYPHILIS IN BLINDNESS.—On this subject, Binet says (*Th. de Paris*) syphilis determines grave ocular lesions. It may produce blindness. It is frequently the cause of loss of vision, and this, at any age, in infantile as well as in adult life. All the membrane of the eye may be attacked with specific lesions, leading to destruction of the organ. Most often the lesions are multiple. They rarely remain localized in a single membrane. The ocular lesions of syphilis are most often indolent, and originate sometimes without the knowledge of the patient. Exception is made of iritis. In the majority of cases it is papillary atrophy which occasions the loss of vision. Ataxia frequently shows itself in the syphilitic complaint. Mixed specific treatment has considerable influence upon the ocular lesions of syphilis, and a cure is quite frequent.—*Journal of Cutaneous and Venereal Diseases.*

DETERMINATION OF FŒTAL SEX.—Since the discovery of the fœtal pulsations and their varying frequency, it was seen that the greater rapidity was invariably associated with female children, and the contrary with male. Upon this, Frankenfeld proclaimed the theory, in 1859, that the sex of the fœtus in utero could be foretold as soon as the pulsations were distinctly countable. In fifty cases he predicted the sex correctly in all, twenty-two being boys and twenty-eight girls. The average pulsation for the boys was 124; for the girls, 144. It has been found later, however, that the size of the child has much to do with the frequency of the pulse. My observations in the Philadelphia hospital lead me to place great reliance upon the table formulated by Dr. Wilson, of Louisville, which is as follows:

From 110 to 125, almost certainly male.
From 125 to 130, probably male.
From 130 to 134, doubtful; chances in favor of a male.
From 134 to 138, doubtful; chances in favor of a female.
From 138 to 143, probably female.
From 143 to 170, almost certainly female.—*Dr. E. E. Montgomery, in Med. and Surg. Reporter*, October 13, 1883.

POLYPI.—Dr. Carl Seiler removes polypi from the nasal cavities with the snare, as this causes less bleeding than the polypus forceps, and touches them with galvano-cautery. This prevents the return of the growth, which nothing else will, the doctor having tried *iodine*, *chromic acid*, etc. This procedure certainly deserves further trial.

ON THE EXACT VALUE OF THE ELECTROLYTIC METHOD.—An article on this subject, by Dr. A. D. Rockwell, in the *New England Medical Monthly*, December, 1883, concludes with the following summary:

1. The success to be met with in the treatment of malignant growths in general is but trifling. The size is sometimes reduced, and the pain is almost always greatly alleviated. In the class of cases, however, termed epithelioma, when the disease does not extentively involve the subjacent tissues, and where it is easily reached, it is probable that, in the majority of cases, the very best results will follow thorough and persistent treatment.

2. Fibroids being dense and comparatively dry, do not readily shrink under electrolysis, and it is seldom that we can accomplish more than some slight diminution in bulk. The results following this limited influence, however, are especially valuable in the case of uterine fibroids of an intramural character, where the knife cannot be used. The pressure upon the bladder and rectum is in these cases greatly lessened, or entirely dissipated, and the relief that follows is immense.

3. It is in erectile and small cystic tumors that electrolysis is most effective. In these conditions it is indeed a specific. The cure that follows is complete, and with proper care scars can be avoided.

4. The ordinary form of goitre acts somewhat capriciously under electrolytic treatment. Goitres that are small and soft may not only be treated effectually by the introduction of needles, but external applications alone will sometimes cause them to entirely disappear. Even when they are quite large, if their density is not too great, a perfect cure may follow. Where they do not entirely disappear they may almost invariably be reduced in size, affording in many cases marked relief from the pressure that is so distressing.

5. By this method hairs may be permanently removed. The negative pole and a weak current are to be used.

6. In many cases of urethral stricture permanent relief is afforded. A more extended experience, however, is necessary to establish its exact value.

ON A PUPIL PHENOMENON OBSERVED IN CERTAIN PATHOLOGICAL CONDITIONS OF INFANCY.—The *Edinburgh Medical Journal*, July, 1883, says that J. Parrot (*Revue de Médecine*, October, 1882), has noticed that in several children affected with acute diseases of the brain or its membranes, while they were in a comotose condition, if he pinched the skin of the epigastrium sharply, the pupil suddenly and decidedly widened, sometimes to a size thrice that of what it originally stood at, and he argues, that, while the general sensibility is lost, the sensibility of the skin may remain. He explains the phenomenon on the supposition that it is reflex through anemia, in consequence of the skin irritation, resembling the mydriasis resulting from a deep inspiration. The writer gives several cases, and comes to the following conclusion: A child, with or without convulsions, which is in a state of coma, and whose pupils do not react on sharply pinching the epigastrium, is neither affected with tubercular meningitis nor with hæmorrhage into the pia mater. It is in an advanced state of asphyxia, and its death is imminent.

MEANS OF PROVOKING THE SECRETION OF MILK.—When the milk secretion is slow in appearing in a lying-in woman, or when it ceases from mental or moral causes, it may be made to return by cataplasms or fomentations of *castor leaves* applied to the breast, or by suction of the nipple, or by means of electricity. The mammary gland is slightly compressed between two sponge electrodes, and a feeble current passed through the gland for ten or fifteen minutes. This may be done twice a day. After the first few electrizations, the breasts swell, the large veins appear on the gland, and the milk secretion is set up.

A NEW SOURCE OF DANGER.—The *British Medical Journal*, October 6, 1883, tells us that Dr. Grassi is said to have made an important, and by no means pleasant, discovery, in regard to flies. It has now been established that these insects are capable of taking in at the mouth such objects as the ova of various worms, and of discharging them again, unchanged, in their fæces. Dr. Grassi exposed in his laboratory a plate containing a great number of the eggs of a human parisite, the *tricocephalus dispar*. Some sheets of white paper were placed in the kitchen, which stands about ten metres from the laboratory. After some hours, the usual little spots produced by the fæces of flies were found on the paper. These spots, when examined by the microscope, were found to contain some of the eggs of the tricocephalus. Some of the flies themselves were then caught, and their intestines presented large numbers of the ova. Similar experiments with the ova of the *oxyuris vermicularis* and of the *tænia solium* afforded corresponding results. Shortly after the flies had had some mouldy cream, the *oidium lactis* was found in their fæces. Dr. Grassi mentions an innocuous and yet conclusive experiment that every one can try. Sprinkle a little *lycopodium* on sweetened water, and afterward examine the fæces and the intestines of the flies; numerous spores will be found. As flies are by no means particular in choosing either a place to feed or a place to defecate, often selecting meat or food for the purpose, a somewhat alarming vision of possible consequence is raised. Dr. Grassi invites the attention of naturalists to the subject; and hopes that some effectual means of destroying flies may be discovered.

THE RELATION OF MERCURY TO IRITIS.—Dr Richard Hughes does not believe that *mercury* bears a homœopathic relation to iritis. In support of this view he states that, notwithstanding the large number of cases of chronic poisoning by this drug, iritis has not been among the symptoms thus produced, excepting perhaps, in the cases reported by Graves and Travers. That *mercury*, in homœopathic doses, is supposed by members of the new school to be valuable in iritis is undoubted. But these gentlemen combine with the initial administration of *mercury* the local use of *atropia*, with which latter alone cases may often be cured. The therapeutic evidence, then, is not sufficient to outweigh the absence of sufficient data from the physiological side, and the homœopathicity of *mercury* to iritis is therefore, at least not proven.—*Annals Brit. Hom. Soc.*, August, 1883.

THE *Archives of Pediatrics*, "a Monthly Journal devoted to the Diseases of Infants and Children," commenced existence with the new year in Jersey City. It claims to be "the only medical journal in the English language published exclusively in the interest of the medical profession; *i.e.*, without any advertisements," and promises that, "if the profession will support this desirable movement, none will be accepted while under its present management." The initial number contains several valuable original contributions, especially Dr. Cock's paper on "Tracheotomy for Croup." The translations and abstracts appear to be carefully done. An organ for this specialty is certainly needed, and we hope Dr. Watson's enterprise will be successful.

HOMŒOPATHY IN AUSTRALIA.—It appears that physicians who understand homœopathy are badly wanted in Australia. In Sydney, a city of 160,000 inhabitants, only four qualified physicians of this class are found. None are located in Queensland or in New South Wales. Five of the principal cities of New Zealand—Wellington, Nelson, Napier, Wanganni, Moncayeh—have no such practitioner. The want is just as great in Victoria. Dr. Irving, for years a practitioner of Nelson, and Dr. Robert Ray, of Melbourne, both died recently.

KOLA NUT.—J. M. Barrickman, M.D., writes to the St. Louis *Clinical Review*, concerning the virtues of a nut called kola, which is used in Zululand, South Africa, "for debility and to sober a drunken man, prevent thirst, etc." He has tried it, in infusion, both on himself and others, with results which incline him to believe that "we have in this remarkable product something which combines the wonderful properties of coffee, cocoa, and coca, makes the sad heart gay and cheers without inebriety, enables one to smile at hunger and fatigue, and, above all, beards alcohol, and checks a craving which seems indomitable." No injurious effects could be discovered. We agree with the doctor that such a substance "should certainly be put to the most satisfactory test."

MM. Heckel and Schlagdenhauffen (*Year Book of Pharmacy*) find that these seeds (kola nuts) contain free caffeine in a proportion exceeding that contained in coffee. Besides this they contain theobromine, some fatty matter, much glucose, and a very large proportion of starch. The presence and quantity of these constituents indicate the value these seeds are likely to attain as an article of diet.

CARCINOMA OF THE UTERUS.—When a woman who has borne children begins to have a discharge tinged with blood, making its appearance between the months, in nine cases out of ten it means *carcinoma*. Suppose, however, that a woman who has not borne a child begins to have these symptoms, they then do not indicate *carcinoma*. There are exceptions to this rule, but in the majority of cases it is true. In such a case the symptoms indicate a fibroid tumor, a polypus, or, perhaps, ulceration of the cervix, but not *carcinoma*. In the great majority of cases *carcinoma* is situated in the neck of the womb and starts at the seat of an old laceration. A woman who has not borne children of course has no laceration of the cervix.—*Mass. Ecl. Med. Journal.*

PARALDEHYDE, THE NEW HYPNOTIC.—This agent promises to be an important addition to our resources for producing sleep. *Paraldehyde* is a polymeric modification of *aldehyde*, and is expressed by the formula $C_6H_{12}O_3$. It is colorless, in odor resembles *chloroform*, with a sharp taste. It is administered in doses of 2–6 grms., preferably in a sweetened ten per cent. solution. Its immediate effect is to produce a perfectly natural sleep of two to six hours' duration, from which the subject awakes without any sense of distress, dullness, or nausea. Its signal advantage over *chloral hydrate* is that it does not weaken the heart's action, nor impede the respiration or circulation in any degree; nor does it establish the necessity for its continued use, thus forming a "habit."

The sole objection to *paraldehyde* seems to be that it gives an unpleasant odor to the breath, which is not only noticeable in the room, but remains for twenty-four hours.

The experiments upon it up to the present have chiefly been reported from the hospitals of Milan, Breslau, and Andernach.

CAUSES OF THE INCREASE OF CANCER IN ENGLAND.—Dr. H. P. Dunn, as the result of an inquiry into the above, has come to the conclusion that the increase of cancer in England is due: (1) To the success attending Legislative measures and other means for the preservation of the infant population, by which a larger proportion of persons reach adult age, in consequence of which there is a numerical augmentation of those who, thus living, become liable to cancer. (2) To the greater prominence which, in the present day, prevails of the of the most predisposing causes of the disease, such as the fecundity of women, the prevalence of high nervous tension, and the existence of possibly greater general luxury in the mode of living.

MISCELLANY.

— Operations are being done upon the eye under the electric light.

—White paper and black ink are ruining the eye-sight of all reading nations.

— *Bromide of potassium* and *chloral hydrate* are said to be excellent antidotes to *strychnia* poisoning.

—Dr. F. E. Doughty has been reëlected President of the Homœopathic Medical Society of the County of New York.

—*Antim. crud.* is a grand remedy for rheumatism in the feet, when the soles are so sensitive that patients can hardly step on them.

— An epidemic of typhoid fever, traceable to the milk supply, is reported from Stricken, near Aberdeen, Scotland.

— The New York Post-Graduate Medical School has met with such success that a large building for hospital purposes has been added for its use.

—Dr. Strong, Chief of Staff of the Ward's Island Hospital, reports 954 patients treated during the month of January, with a mortality of 2.31 per cent.

— The fund for the erection of a monument to the late Dr. Sims is rapidly increasing. Dr. Fordyce Barker, of this city, is President of the Monument Association.

— Austria has seven universities with 2,418 medical students, while the United States has ninety colleges, in which medicine is taught, with about ten thousand students.

— Small-pox is reported as prevailing to an alarming extent at many points. The Ibex Company, we understand, is prepared to meet all demands for a *superior* bovine virus.

—The Pennsylvania Railroad Company has been making an extensive examination of its employees in regard to color blindness, and it finds that 25 per cent. of its 15,000 employees are affected.

—There is now being built at Portsmouth (England) dockyard an ambulance boat for the conveyance of invalids from ships arriving at that port to Haslar Hospital. The craft is forty-two feet long and twelve feet wide, and is to be fitted with twelve swinging cots—eight for seamen and the others for officers.

—The Medico-Chirurgical Society of Aberdeen (says a correspondent of the *New England Medical Monthly*) has done a peculiar thing in electing a homœopath, Dr. Reith, as their president for the ensuing year. A considerable time ago Dr. Reith had to resign his physiciancy in the Aberdeen Infirmary because of his homœopathic views.

—The vaccination of animals, according to the plan suggested by the eminent French savant M. Pasteur, in order to protect them against rinderpest and other diseases, has been tried in British Burmah with great success. Some calves, elephants, sheep, and a pig were inoculated with M. Pasteur's lymph, and, though they suffered in no way from the experiment, the calves in particular seemed to have been so far proof from further infection that they escaped scot-free when placed several times among herds severely affected with rinderpest.

—The *Medical and Surgical Reporter* states that M. L. De Wecker (*Comptes Rendus*) shows that the infusion of the seed of the *jequirity* contains a bacillus which, if applied to the human eye, produces purulent ophthalmia.

This is the first instance of the transmission of an infectious disease by a plant.

— The Distributing Committee of the Hospital Saturday and Sunday Association having concluded its labors, states that the collection for 1883 was in all essential respects the most successful since the beginning of the movement. While the aggregate results are fully $12,000 more than last year's collections, the further fact is to be mentioned that the number of contributing churches has more than doubled, while the sources of revenue in secular directions have also been largely increased. The total sum collected exceeded $42,000.

— Interesting news comes from India which will stregthen the germ theory of contagious diseases. The German Medical Commissioners who visited Alexandria to study the orgin of the plague there last fall, and later went to India for a similar purpose, report that they have found the same kind of parasite in a water tank in Calcutta, and in a suburban village where the cholera appeared, that was discovered in the intestines of victims of the last plague in Egypt. This shows that the disease in Egypt was probably cholera pure and simple, and not a disease similar to it.

—At a meeting held at the Delavan House, Albany, recently, sixty-five members signed the roll of the New York State Medical Association. The doctors who thus formed themselves into a society still retain their membership in the State Medical Society, but announce that their sympathies are in accord with the national code of ethics. It was decided to permit all physicians in the State, who are in good standing, to become members. Dr. H. D. Didama, of Syracuse, was made president; Dr. Hunton, of New York, treasurer, and an advisory council of ten members appointed. The association will meet at New York on the third Tuesday of November, 1884.

—The report of the New York Orthopædic Dispensary and Hospital for the year 1883, has been published. It shows that during the year ending September 30, 1883, there were treated in the dispensary and hospital 1,591 patients, of whom 642 were new patients. The increase in the number over the preceding year was 278. The results were very gratifying, as 147 of the patients treated were cured, and 303 were discharged as relieved. Sixteen of the twenty-five beds in the hospital are free, two being endowed, and fourteen being maintained by annual payments of $250 each. A valuable addition has been made to the institution by the construction of a sun-room, the gift of Miss C. Furniss, of the Board of Supervisors.

—The London *Graphic* thinks the present English laws about animals are nonsensical: "A medical student who, without authority, makes any surgical experiment on a frog is liable to prosecution; but a cruel boy may torture a frog in wanton amusement and go unpunished. A man may be imprisoned for working a horse in an unfit condition, but a mountebank in a show may brutally assault, maim, and half kill certain animals for not doing with alacrity that which it is utterly repugnant to the nature of these poor creatures to do. The public have little idea of the barbarities practised upon so-called wild animals before they can be cowed so as to perform in those exhibitions which the law ought to prohibit if the good feeling of the community will not condemn them."

— The present number of the TIMES finishes volume eleven, and we shall continue sending it, unless otherwise ordered, to subscribers not too much in arrears in their dues.